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THE  
New York Journal of Homœopathy.

Vol. I.

DECEMBER, 1873.

No. 10.

ORIGINAL ARTICLES.

GONORRHOEAL COMPLICATIONS.

A SYNOPSIS OF A LECTURE DELIVERED BEFORE THE CLASS  
AT THE N. Y. HOMŒOPATHIC MEDICAL COLLEGE.

By F. E. DOUGHERTY, M. D.,

*Lecturer on Diseases of the Genito-Urinary Organs.*

*Gentlemen:* I will present for your consideration to-day the complications incident to the disease which occupied our attention at our last meeting.

The complications of gonorrhœa may be divided into the following four classes :

Due to the intensity of the inflammatory action, - - - - -	{ Paraphymosis. Phymosis. Lymphitis. Adenitis. Abscess.
Due to the extension of the inflammatory action, - - - - -	{ Epididymitis. Prostatitis. Cystitis. Nephritis.
Due to the direct transport of the gonorrhœal pus from the urethra to a healthy tissue, - - - - -	{ Gonorrhœal Conjunctivitis.
Due to causes as yet unsatisfactorily explained, - - - - -	
	{ Rheumatism.

We will proceed to study these complications in the order in which they are given, excepting phymosis and paraphymosis, which will be considered at a later period, in connection with other diseases.

**LYMPHITIS.**—By this term we mean an inflammation of the lymphatics of the penis. It generally commences in the lymphatic network of the glans and prepuce, subsequently involving those on the dorsum of the organ. It develops early in the course of the urethritis, while as yet the morbid action is confined to the anterior part of the canal. It is characterized by sharp pain in the glans, followed by swelling, tenderness, itching around the corona, and frequent erections. The penis is somewhat swollen, as is also the prepuce, which latter may or may not be reddened, according to the intensity of the inflammatory action. The skin of the penis presents little nodules, over which are seen red patches, following the course of the lymphatics toward the mons veneris and groin. If we take the skin on the dorsum of the organ between the thumb and fingers, we detect one or several hard, tender, knotty cords. Pressure exercised over the suspensory ligament causes acute pain. The inguinal glands are somewhat enlarged and tender, sometimes becoming inflamed and suppurate. The exciting causes of this complication are excess of coitus, too strong and inopportune injections, want of cleanliness, alcoholic liquors, &c.

The termination of lymphitis is generally in resolution; sometimes, however, suppuration takes place, either in the vessels themselves, or in the surrounding cellular tissue.

**Diagnosis.**—The only diseases with which lymphitis is apt to be confounded are induration of the same vessels, incident to chancres, and phlebitis. From the former it is distinguished by its softer feel, and by the fact that the surrounding cellular tissue and skin are involved, causing redness, pain, swelling and adhesions; from the latter, by the rarity of phlebitis in urethritis; one cord only is felt on the dorsum, and the redness is continuous over it, not in patches.

**Treatment.**—This consists, first, in removing whatever exciting cause may be acting, and then directing attention to the predisposing cause—the urethritis—assisted by rest, and the application of warm water dressing, either simple or variously medicated. If pus should form, it must be evacuated.

**ADENITIS.**—The buboes which complicate urethritis are of the simplest variety, and are generally associated with lymphitis. The inflammation, extending along the lymphatics,



finally reaches the inguinal glands, there exciting inflammation and sometimes suppuration.

Generally, only one ganglion in one groin is affected; sometimes two or more in each are involved. The symptoms are the same as occur in other parts when inflamed.

*Treatment.*—This consists of rest, and such local applications as will favor resolution, as: tinct. iodine, pressure, emollients, in connection with such remedies as may be indicated, more especially bell., badiaga, carbo., merc.

**ABSCCESS.**—The inflammation in urethritis may be so intense as to involve the tissues which surround the urethra or its glands, and thus give rise to abscesses, which form in the under side of the penis. These abscesses may be divided into two classes, viz.: 1st, phlegmonous; 2d, glandular:

Of the first class we have two varieties, those which form in the balanic region, and those which form in the body of the organ.

The first variety shows itself as a swelling about the size of a pea or filbert on either one side or the other of the frænum, or the frænum may divide the tumor into two parts. The mucous membrane covering these tumors is tense, shining and red. The swelling is at first hard, but as suppuration advances, it softens, and becomes fluctuating. Pain of an acute character is generally present.

In the second variety, the swelling is more diffused, not so circumscribed, more voluminous, and does not always terminate in suppuration.

Both forms tend to open externally, but sometimes they open in the opposite direction, into the urethra, through which opening urine may enter the cavity of the abscess, causing inflammation and urinary fistulæ.

Glandular abscesses also present two varieties:

In the first variety, the starting point is in the mucous follicles of the body of the penis. They form like cystic tumors in other parts of the body. The mouth of the follicle becomes obliterated, and accumulation of morbid secretion results.

*Symptoms.*—We find on examination a tumor of variable size from that of a pea to a filbert, hard, freely movable under the skin, indolent, increasing slowly. They may remain in this condition for weeks or months; ultimately, the ordinary

symptoms of inflammation set in, adhesions are contracted with the surrounding parts, suppuration takes place, destroying the cyst wall; an abscess is formed which eventually opens externally.

The second variety is located in or around Cowper's glands; hence the affection is called Cowperitis.

Before giving an account of the disease, I would call to your minds the anatomical position and structure of these glands. They are situated between the two layers of the deep perineal fascia, close behind the bulb of the urethra, being contained in the triangular space bounded externally by the ramus of the ischium, internally by the bulb and median line, below by the transversus perinei muscle. Each gland is about the size of a pea, and consists of several lobules held together by a fibrous investment communicating with the urethra by means of a single duct, which opens into its bulbous portion.

*Symptoms.*—Cowperitis shows itself after the urethritis has existed for some time, which would rather favor the belief that extension as well as intensity of inflammatory action may cause it. The invasion of the disease is announced by pain in the perineum to one side of the median line, increased by walking, and the friction of the clothes. If we institute an examination at this time, we would find a deep-seated tumor, tender on pressure, about the size of an almond, in the anatomical position of the gland, distinctly circumscribed, and which has not as yet contracted adhesions.

At a later period we would find a general swelling of the perineum on the side affected, with tenderness, redness, and, in fine, the usual symptoms of inflammation or suppuration, as the case might be. As the disease increases, the pain becomes more acute and throbbing, locomotion more difficult, and sometimes retention of urine.

The termination, if left to nature, is external rupture, and evacuation of the contained pus, preceded, perhaps, by more or less undermining of the skin. A chronic form of this disease has been described, but is exceedingly rare, and, indeed, its existence has been denied. The acute form is also rarely met with, but is sufficiently common to warrant the time I have devoted to it.

The exciting causes are about the same as of lymphitis, with the addition of the improper use of instruments.

*Treatment.*—This is local and constitutional.

Under the first head I would include all such means as tend to promote resolution. Should these means fail and pus form, it should be evacuated by means of the knife as soon as fluctuation is detected, in order to save tissue and prevent the danger of an internal rupture.

Constitutionally, I would advise, according to indications, acon., bell., carbo., hepar., merc., puls., silic.

We now come to the second class of causes: those due to an extension of the inflammatory action.

**EPIDIDYMITIS.**—Synonyms: orchitis, swelled testicle, hernia humoralis, vaginalitis, &c.

As in Cowperitis, so here it will be well to recall to your minds the anatomy of the parts involved. In the prostatic portion of the urethra, we find just in front of the veru montanum a little sinus—pocularis—in either side of which is the mouth of the ejaculatory duct, which is formed by the junction of the duct of the vesicula seminalis and the vas deferens. Tracing the latter, we find that it passes around the bladder, through the inguinal canal, and terminates in the globus minor of the epididymis, which is a single convoluted tube, until it reaches the globus major, where it is composed of a number of ducts, vasa efferentia. In its passage outward the vas deferens is the most posterior of the structures forming the spermatic cord.

In the normal position the epididymis is on the outer edge of the posterior border of the testicle. In about one in fifteen subjects, it is found occupying an anterior position; more rarely, on the upper or lower border, or still more rarely, it partly surrounds the testicle, holding that organ as if in a cup.

Epididymitis is the most common complication of urethritis, and in answer to the question, How is it produced? I believe it is due to the propagation of the inflammation by continuity of tissue.

In support of this theory, we find that this complication is, in the great majority of cases, observed after the urethritis has existed some weeks, that is, at a period when we know the

deeper parts of the canal are involved ; that the patients themselves often think it produced in this way, by experiencing pain in the perineum, then in the cord, before it is felt in the testicle. Again, analogy teaches us the same as in inflammation of the respiratory tract.

Cases do sometimes occur in which the disease appears in the testicle without presenting evidences of its having involved the vas deferens, but such cases are comparatively rare, and do not disprove the fact that such extension has taken place, for the passage may have been so rapid as to leave no traces, and yet have really happened, as we frequently see in other parts.

That the discharge becomes much less or disappears at the time of the development of the epididymitis (an argument made use of by those who hold to the theory of metastasis) is not at all surprising, for we know that the discharge is ordinarily slight at the period when this complication appears, and the inflammation of the testicle acts as any revulsive agent. Metastasis may cause *orchitis* proper, as in mumps, but not *epididymitis*.

*Causes.*—Excesses in drinking, walking, coitus, a bruise of the scrotum, retention of urine, exposure to cold and damp, *improper* use of injections and bougies all act as so many exciting causes, although the disease may arise without any appreciable cause.

*Symptoms.*—Epididymitis usually appears from the fourth to the sixth week after contagion. It generally commences with pain, or a feeling of weight in the perineum, pain in the course of the spermatic cord and extending toward the back and down the thigh ; inclination to urinate more frequently than in health. The patient's attention is now directed to the scrotal organs, and he finds the testicle (epididymis) and scrotum swollen, tender, and more or less reddened. The symptoms rapidly increase, pain becomes more intense, worse at night, and greatly increased by contact—even the weight of the bed-clothes causing severe suffering. In twenty-four or forty-eight hours the swelling may be as large as the fist, the skin tense and deeply discolored. If the vas deferens be involved, the pain, tenderness and swelling are found to extend upward to the inguinal canal. Cases have been reported, in which

this swelling was so great as to become strangulated at the abdominal ring, giving rise to symptoms resembling strangulated hernia. During the height of the inflammatory action, it is often impossible to distinguish the scrotal organs. It seems as if the swelling was made up chiefly of the body of the testicle. In reality, this is not the case. It is composed of the enlarged epididymis, of an effusion into the tunica vaginalis, and œdema of the sub-scrotal cellular tissue.

Fever of an inflammatory type generally accompanies the onset of this disease, its intensity dependent upon the amount of local disturbance, which may be so slight as not to interfere with the usual occupation of the patient, or may cause most agonizing suffering. Usually only one testicle is affected, sometimes both at the same time, or one after the other.

*Termination.*—Resolution is by far the more frequent termination, taking place in from one to three weeks. It begins in a few days, and is announced by the disappearance of the hydrocele, and a decrease in the severity of the symptoms. We can soon distinguish the epididymis, which still remains much swollen, from the testicle which lies in front of it, and which generally retains its normal condition.

Instead of resolution taking place, abscesses may form in the cellular tissue underlying the scrotum, or in the epididymis or testicle. Sometimes the induration of the epididymis remains for months or years after the acute symptoms have passed away, the inflammatory products blocking up the canal, and effectually preventing the passage of the spermatozoa. It is interesting to know what results from such occlusion, if occurring on both sides. It has been found that in no way is the sexual appetite affected; the parts retain all their normal properties, the sperm presents a healthy appearance and chemical reaction, but it is destitute of spermatozoa. The testicle does not become enlarged from over-accumulation, nor does it decrease in size from disuse. It continues to secrete spermatozoa, which again appear in the sperm as soon as the canal is free by the absorption of the inflammatory products.

Pathologically, we find the walls of the parts affected, swollen and infiltrated with inflammatory material, their cavities filled with the same. The tunica vaginalis contains a russet-colored serum.

*Diagnosis.*—The diseases with which epididymitis is apt to be confounded are: erysipelas of the scrotum, tubercles of the epididymis, acute hydrocele, hematocele, and strangulated hernia. The history of the case will, with care, be all that is necessary to establish a correct diagnosis.

*Treatment.*—This is local and constitutional.

Under the first head I would recommend rest, hot or cold applications according to the stage of the disease and the feelings of the patient. These may be simple or medicated. Muriate of ammonia, in the proportion of one-half ounce to the pint of water, is a very efficacious application. Puncture of the tunica vaginalis and removal of the contained serum is sometimes necessary, and affords much relief. Little incisions into the testicle itself have been made when that organ is affected, to relieve tension, with good results. When the acute symptoms have passed off, compression by means of adhesive straps, or the application of some stimulating ointment, will remove the remaining induration.

Constitutionally, according to indications, *arn.*, *ars.*, *aurum*, *clem.*, *merc.*, *nit. acid.*, *puls.*, with proper attention to diet, &c.

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### MEDICAL CLINIC AT THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

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By S. LILIENTHAL, M. D., Professor of Clinical and Psychological Medicine.

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John A., 27 years old, painter, comes to the clinic to be treated for *chronic constipation*, his bowels not moving oftener than once a week; otherwise he enjoys good health. The stools are normal, but it takes great effort on his part to expel the *well-formed feces*.

Now, gentlemen, what shall we do in such cases, where we have no array of symptoms to guide us in the selection of the remedy. Stokes tells a story of a hearty and portly country squire, who was sent to the Professor for treatment on account of habitual constipation. His usual medical advisor had pictured up a terrible series of diseases, from apoplexy to sclerosis, tetanus, etc., to which he might be liable if his bowels should not be regularly moved at least once a day.

As the patient looked the very picture of health, Stokes inquired after his other ailments, but the poor squire had none to confess, and therefore that great Irish physician gave him the sensible advice to let well enough alone, and if *his* nature acted well by only two discharges a week there was no occasion for doing something unreasonable, and in disturbing the prevailing harmony of all the functions.

Still, there are some *adjuvantia* which may cure the lethargy of the intestinal canal without having any deleterious consequence, and we wish to lead your attention to electricity and to the Swedish movement-cure. We apply one pole of the constant current to the pit of the stomach, and insert the sponge holding the other pole into the anus. A circuit is thus formed, and by moving the former from the pit all over the abdominal wall, we produce thus the same vermicular movements which the bowels naturally should perform, and frequently success crowns our efforts. The Japanese prefer kneading the bowels for the same purpose, and the movement-cure tends to the same. We put the patient in a reclining position, and then by active and passive movements produce the desired effect.

If there is in our whole *armamentarium* a remedy abused for constipation, that remedy is *nux vomica*, and we beg each and all of you never to prescribe in such a slipshod manner for the name of a disease, or rather of a diseased state. One of the chief characteristics of *nux v.* is *constant ineffectual urging to stool*, in many cases probably caused by the constant abuse of drastics, but in most cases of habitual constipation the patient does not feel any inclination to stool, and when his bowels have moved, be it once or twice a week, he feels well enough. So many of the symptoms which are removed by *nux* are either caused by irrational modes of living (as the use of rich food together with sedentary habits, etc.), or by the constant use of medicines, even not allopathically indicated. Here it acts more as an antidote, and if thus given, its action will be always satisfactory.

Opium, on the contrary, so often abused by the old school for checking diarrhœa, is for us a grand remedy for habitual constipation, as we find among its symptoms that little or no inconvenience is felt from the want of action; in fact,



there is a *want of sensibility* in the abdominal organs. The bowels are in a kind of parietic state, with hardly any peristaltic motion; the glandular secretion is at a low ebb, as we see by the dry mouth, and by the dry feces; whereas in *nux vomica* you will find inharmonious and spasmodic action of the bowels.

In *plumbum* we find constipation from *atony of the muscles*, and diminished secretion of the intestinal glands. By this very atony, the feces become indurated, and we therefore find the stools consisting of small, hard balls; but in *plumbum* we also find drawing in of the abdomen and especially in the region of the navel, and also frequent violent colic; *constipation, but no flatulency*.

How different, again, is the constipation of *lycopodium*, with its excessive accumulation of flatulency, and its constant sense of fermentation in abdomen. *Slow and depraved digestion* is the key-note for *lycopod*. We find, therefore, constipation or scanty, hard stools, with the sensation as if much remained behind, followed again by painful and excessive accumulation of flatulence.

*Sublata causa tollit effectus* is in no case more true than in our own. From the few remedies which we mentioned for example's sake, you see plainly that you must find the cause of the affection if you wish to cure it radically, and that, with the aid of adjuvants, as well as of the necessary dietetic regimen, you can regulate the bowels whenever such regulation becomes necessary.

II. Mary J., 7 years old, is brought before the clinic on account of diarrhœa, from which she suffered for several days. Her mother thinks she might have taken cold, as the child is in the habit of sitting on the cold stones. We cannot pass in review all the remedies which might be indicated in diarrhœa, but will confine ourselves to those which are caused by cold. Of these we may mention:

*Aconite*, for frequent watery stools in *summer* with cold nights, or after checked perspiration.

*Bryonia*: also in summer, especially when the diarrhœa is caused by cold drinks. But, whereas *aconite* has its customary restlessness, we find in *bryonia* morning diarrhœa as soon as *he moves about*, with great desire to keep quiet.

Dulcamara: the attack is *the result of chill*. Hughes truly remarks, its general effect may be compared to that of damp, and in affections of moist air it is certainly a capital remedy, and the one which we will prescribe in this case.

Nux moschata relieves diarrhœa in persons who catch cold easily, as soon as their feet get a little wet. These are oversensitive, nervous constitutions, easily exhausted, and therefore show an indomitable disposition to sleep.

Rhus tox is the remedy we think of in rheumatoid affections aggravated by rest, and ameliorated by motion, but it will be more frequently indicated in dysenteric diarrhœa, the stools being a mixture of blood and slime, and all rather liquid.

III. This young man acknowledges an indiscretion about three weeks ago, and is afraid he will be affected by syphilis. This very fear is a punishment for the sins *ex venere*. Let us hear his symptoms: He complains that *sometimes* after urinating he sees some thick, white substance at the tip of his penis. He does not complain of any pain in urinating, nor did he have any since his *faux pas*, and an examination of his sexual organs shows them free from any disease. He chiefly complains of a pain across the upper part of his abdomen, a steady, twisting pain, with paroxysmal aggravations, feeling worse about two hours after eating and at night when lying on his back. Very little or hardly any eructations upwards, but foul-smelling flatus downwards. Restless sleep at night, on account of the pains. Appetite good; he never enjoyed his meals better in his life, if it were not for the consecutive pains which frequently shoot down the left side of the abdomen. The region which our patient describes as painful excludes gastralgia from our diagnosis, nor are the smaller intestines much affected, but we may safely locate the disease in the transverse and descending colon. What is the cause of this affection? The patient cannot give any positive answer, but acknowledges its origin from his indiscretion. Now, we all know that Bacchus and Venus usually go hand in hand. Overheated and exhausted, such patients fall an easy prey to atmospheric changes, and thus this young man might have caught cold in his bowels.

His bowels are regular, moving once or twice a day, which speaks against lycopodium in spite of the fetid flatus. There

is also no distension of the abdomen, and therefore no excessive accumulation of flatulence. Nor can *nux vomica* be indicated, for we have neither constipation nor irregular peristaltic motion, no sensitiveness to contact, and neither distension nor fullness of the abdomen. The patient also disclaims any errors in diet.

Our choice rather lies between *colocynth* and *dioscorea*. The neurotic *colocynth*, so frequently useful in neuralgia, gives us *spasmodic pains*, with great anguish, the pains *emanating from a central point in the abdomen*, where they are the severest, and radiating from there over the whole abdomen. Eating aggravates the colic.

*Dioscorea* gives us the *steady, twisting pains*, with paroxysmal aggravations, worse when lying down. Cramp-like pressure in the *descending colon*, even extending to the back. As in this case the colon is the part affected, we will select this remedy as the corresponding simile.

If we had a proving of *physostigma*, I would feel inclined to prescribe it, as the severe pains in the transverse colon radiating to the spine, and producing there a kind of lame feeling, were felt for several days in my own proving of that remedy.

IV. An infant about 9 months old is before the clinic, on account of an eruptive disease over its whole body. The mother says that it nurses well enough, its bowels are regular, but that it is restless at night, and fretful. Now, gentlemen, looking at this child, you see leucophlegmasia imprinted on every feature. Its face, flabby and bloated as it is, has a dull expression; the glands around the neck are infiltrated and soft, and you see around its mouth and chin an erythematous redness, and the skin looks as if it would crack every minute. Examining the lower part of her body, you see the perineal region and the upper part of the thighs excoriated, and some small, indolent ulcers, looking as if *they were punched out*. The acidity of the urine here, and of the saliva at the mouth, are the cause of this excoriation; but what is its primary cause? We prescribe to the child the third trituration of proto-iodide of mercury, a few grains three times a day, so that we may not detain the mother.—Now that she is gone we can commune among ourselves; for it will not always do

to hint at the suspicion of a syphilitic taint, and even the name of scrofula is abhorred by many sensitive families; it is wise in many cases to keep such a suspicion to ourselves, and treat the patient according to our diagnosis. The sharply-cut edges, and the infiltrated tissues around it, are the hints on which we base our prescription. The surface of the diseased parts shows also a tendency to crack, and is more or less irritable and tender. The question may be asked, is syphilis in that child inherited or acquired, for we know that during labor a child may become infected with the poison. This I doubt in our case, as the mother looks healthy, and during our examination in the anteroom she reported herself free from any skin-disease. I consider the male parents far oftener the cause of that inheritance. Strumous or scrofulous ulceration looks different, as it shows more exuberant granulations, and more copious suppuration: it mostly covers a larger extent of surface, and the edges of the ulcers are rather flabby. I do not doubt that several of our antipsorics will be necessary to eradicate this taint, and strict hygienic rules ought to be enforced; but here our best wishes and advices are often frustrated either by prejudices, or by outside influences over which our power fails to produce any effect.

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REPORT OF THE SURGICAL CLINICS HELD AT THE  
NEW YORK HOMŒOPATHIC COLLEGE BY  
WM. TOD HELMUTH, M. D.

By C. E. VAN CREEP.

Oct. 18, Case No. 1, ACUTE NECROSIS.—Josephine Walsh, æt. 9, was taken three months ago with swelling of cheek, with general febrile condition. Four teeth were extracted by a dentist, which aggravated the symptoms. She then had a very offensive breath, with profuse discharge of saliva and pus. Five weeks ago an abscess formed and discharged itself under the chin, after which the breath was not so offensive. Probe introduced, roughened and loose bone encountered.

Pronounced acute necrosis of inferior maxillary. Mere.

proto-iodide<sup>30</sup>, grs. ij, night and morning for one week, and parts syringed twice a day with Lister's sol. carbolic acid.

Nov. 1, Better. Treatment continued.

Case No. 2, EMPYEMA.—Jas. B. Corkey, æt. 21, pleuritic abscesses on left side below nipple, the lower one admitting probe one-half inch; discharge freely; have existed fifteen months; œdema of both legs; mother died of phthisis.

Pronounced empyema caused by pleurisy. Sulphur<sup>30</sup> trit., powder every night, with injections of carbolic acid.

The differences between empyema, emphysema and hydrothorax were pointed out, and the causes of the dropsy explained. Allusion was made also to the immense amount of purulent formation which could accumulate and be discharged, and the method of puncturing the thoracic walls with the aspirator, an instrument which has of late attracted great attention from the profession, was explained.

Case No. 3, AMPUTATION OF BREAST.—Mrs. Cunningham, æt. 48, encephaloid tumor of left mamma, size of walnut, hard, purple and unbroken. Etherized, and tumor dissected out down to ribs and sternum, leaving an opening several inches in diameter.

She had been operated on by Prof. H., 16 months ago, for a similar tumor, and was then told that it would return. Previous to first operation the tumor had almost disappeared under conium mac., prescribed by Dr. Dunham, when an injury reproduced it. Wound sprayed with carbolic acid, packed with carbolized cotton, and adhesive straps applied.

Nov. 1. Wound showed healthy granulations, and good recovery expected. It was strapped firmly to bring edges of wound together, and Fowler's solution, gtt. ij., twice a day, ordered. The only unfavorable symptoms following the operation, were intermittent pulse, found to be idiopathic, and retention of urine, which was relieved by acon. and canthar. Strangury, retention of urine, and intermittent pulse, often follow operations, and the last may be a bad indication, and dangerous in inverse proportion to the strength of patient's constitution. In a few days more the patient left the hospital, the wound having healed very kindly.

Case No. 4, TALIPES EQUINO-VARUS.—Wm. Dohn, æt. 4, Talipes equino-varus, operated upon one year ago, but opera-

tion rendered fruitless by the patient not wearing the proper shoe. *Tendo Achillis*, and *tibialis anticus*, divided subcutaneously, and shoe ordered to be worn at once.

Oct. 25, case No. 5, **EPITHELIOMA OF MAMMA**.—Bridget McNally, *æt.* 54, passed climacteric ten years ago. Two years since a small hard lump appeared in right mamma; it was painful; the nipple was retracted. The integument then ulcerated, and the peculiar granular appearance, with occasional hemorrhages, which belong to epithelioma, was noticed. The two different varieties of epithelioma, superficial and deep-seated, were explained, and the arguments for and against operative measures in cancer pointed out. The value of *ars.*, *hydrast.*, *coniun.*, *sepia*, and *phytolacca* were noted, and the patient promised to return at the next clinic.

Case No. 6, **SEBACEOUS TUMOR OF SCALP**.—Margaret Cauldwell, *æt.* 48, sebaceous tumor of the scalp, situated in the occiput; appeared two years ago. It gave but little inconvenience, but was growing rapidly; it had attained the size of a large walnut. Dissected out entire. The various forms of cystic tumors were mentioned.

Case No. 7, **INTERNAL HEMORRHOIDS AND FISSURE OF THE ANUS**.—Mrs. R., *æt.* 45. This case was a very aggravated one, had existed for a number of years, was accompanied by anal spasm, and rendered the patient very miserable. Hemorrhoids removed by the platina wire brought to a white heat by the galvano-caustic battery. There was no hemorrhage. The fissures were divided throughout their extent. The cure of fissures and cracks about the anus may be sometimes accomplished by the forcible dilatation of the sphincter.

Case No. 8.—Jos. Brotherfield, *æt.* 5, brought here supposed to be tongue-tied, but it was discovered that he had nursed well, could talk fairly, and project tongue. Slight impediment in speech, due to lack of education of certain muscles. No operation required.

Case No. 9, **SPURIOUS ANCHYLOSIS**.—Lena Elcesse, *æt.* 6, spurious ankylosis of knee-joint. Two years ago fell and injured her knee, which became very much swollen. Iodine was applied; then she was put in bed, and extension by means of two pound weight kept up. Spurious ankylosis took place nine months ago, and Professor Helmuth divided

tendons of external hamstring, and ordered motion. She can now walk fairly, but there is still much swelling of the joint with atrophy of muscle of the leg. *Rhus tox* internally. Anchylosis splint ordered.

Case No. 10, ANCHYLOSIS OF SHOULDER.—Rachel McPherson, æt. 14, spurious anchylosis of right shoulder.

Humerus closely adhered to scapula, which latter had great latitude of motion; crepitus *felt* on motion; pain worse in winter. Had *rhus tox*<sup>3</sup> one year ago without effect. Anchylosis from chronic rheumatic arthritis. Operation recommended.

Case No. 11, ENCHONDROMA. — Mrs. S., æt. 42, tumor beneath middle third of clavicle; came two months ago. Pains like sticking with a needle; no pain from pressure; firmly adhered to subjacent structures. Pronounced enchondroma, and she is to return in a fortnight for removal. The peculiarities of cartilaginous growths were mentioned, their connection with bones, and those most obnoxious to their formation were alluded to.

Case No. 12, SEBACEOUS TUMOR OF SCALP. — Joanna Schanahan, æt. 24, sebaceous tumor of the scalp, which was already suppurating, was left to take care of itself. Very often either from injury, or from efforts of nature to remove abnormal formation, suppuration occurs in cysts, and cures may be spontaneous. In this case such a process is going on, and a cure may probably result. Adhesion, either taking place within the walls of the sac, or the cyst wall, being removed by ulceration.

Case No. 13, GANGLION.—John Forsythe, æt. 19, tumor of right little finger, palmar surface, hard, movable; is accustomed to lift heavy packages; noticed first appearance about a year ago, after a sprain; feeling of crepitation along flexor tendons of the wrist when exercised. Pronounced enlarged bursa of flexor tendon, with diffuse ganglion at wrist. The contents of a bursa vary; sometimes it is a straw-colored fluid, sometimes of the consistence and appearance of honey; sometimes it resembles the vitreous of the eye; sometimes there are cartilaginous formations, which are discharged, which resemble the seeds of a melon; this variety of growth is called a melon-seed bursa. A ganglion is an adventitious bursa.



Bursæ are subject to inflammation which may terminate in suppuration, and even gangrene. Sometimes bursæ rupture spontaneously. The methods of treatment are: sudden forcible pressure; puncture with scarification of sac internally to cause adhesions; painting with iodine externally and internally; longitudinal incision along palm of hand to relieve traction; insertion of seton through the sac. In this case a seton was passed through the sac, and cantharides applied to palm to blister.

Nov. 8. Some improvement; crepitation partially disappeared. Cantharides collodion continued.

Nov. 15. No improvement since last week. Palm so hard cannot be blistered by cantharides. Apply croton oil; take internally iodide of potash, and use continued pressure. This case returned in a week, being very much relieved. The treatment continued.

Case No. 14, NODE.—John S., æt. 66. About two months since injured his head by striking it forcibly against a door. Periosteal inflammation was set up; pain severe, worse at night. Now a node presents itself, which is painful on pressure and fluctuates. On lancing, there exudes blood, and a very fetid pus, produced by caries. Pronounced periostitis and caries. Ordered wound to be packed with lint saturated with—

R Carbolic acid, ʒj.

Sweet Oil, ʒv.

Water, ʒiij.

Case No. 15, NÆVUS.—Grace Brinkendal, æt. 8 months. Capillary nævus on forehead; operated on five months ago, but has returned. Operation performed by placing suture-pins through the tissues under the nævus in the form of an X, and drawing tense a ligature under these pins. If nitric acid is applied as soon as the red spot appears, it will destroy the nævus, if small. Continued pressure is another means used to kill nævi. The methods by galvanic puncture, vaccination, &c., were explained.

Case No. 16, SYNOVITIS.—Pat Whalen, æt. 56. Thrown from a wagon two months since, striking his shoulder, in which joint there is dull, aching pain, worse at night. He was made to go through the motions which diagnose disloca-

tion, and the various positions explained to the class. There were no signs of luxation, and the affection was pronounced synovitis. *Rhus tox.* topically and internally. Synovitis may, unless treated, proceed to spurious ankylosis; but the timely administration of medicine and passive motion will, in the majority of cases, prevent such a result. The diagnosis between spurious ankylosis and true synostosis was entered upon and explained at length.

Case No. 17, EROSION OF INNER CANTHUS.—Mr. Turner, æt. 64. About five years ago, inflammation began at inner canthus of left eye. Gradually the erosion has extended, now involving the lower lid. Resembles epithelioma. Diagnosis obscure. Pus must be examined for epithelial cells with microscope. A portion of the discharge was obtained for this purpose, and, in the meanwhile, prescribed *hydrastis 6m*.

Case No. 18, FISTULA IN ANO.—Hugh Kelley, æt. 36. Operated on seven years ago at Brooklyn Hospital. Owing to imprudence, the cut has never properly healed. The sinus was slit up and the fissures divided at the bottom. The wound was packed with prepared lint. The first appearance of fistulæ, their varieties, and methods of treatment, by knife, ligatures, paralyzing the sphincter, and internal medication were detailed to the class.

Nov. 8. Case No. 19, EXOSTOSIS OF GREAT TOE.—Edmonis Walker, æt. 20. Fungus growth and in-growing toe-nail of left great toe, which had existed for several years. On cutting into the fungus, it was found to be an *osseous* growth from the phalanx, probably produced by irritation by the in-growing nail. The whole outgrowth was excised, with the ingrown portion of the nail. Usually a very good treatment for in-growing toe-nail is to shave its middle with glass, cut a notch at the apex of the nail, and raise the edges by placing underneath them small bits of lead.

Case No. 20, BURSA.—Antoine Levalle, æt. 33. Diffuse, adventitious bursa at wrist. About three months since, wrist sprained and bruised by a fall; has gradually increased in size; crepitation present. Apply pressure and blister. Introducing seton would in this case probably cause contraction of tendons.

Nov. 15. Much better under cantharides application.

**Case No. 21, HOUSEMAID'S KNEE.**—Miranda Roy, æt. 29. Housemaid's knee is an enlargement of the bursa under the tendon of the extensor muscles of the thigh. It had not proceeded to ulceration. Ordered compress and cantharides, with leg as much as possible in horizontal position. May become necessary hereafter to inject iodine to excite adhesive inflammation. "Housemaid's knee," "weaver's bottom," "miner's elbow," "bunion," and the enlargement found in severe cases of talipes equino-varus, were described.

**Case No. 22, ULCERATION OF THE ARTICULAR CARTILAGES.**—Albert Swan, æt. 16. Disease of knee-joint. Ten years ago, fell on the ice. Inflammation and suppuration followed, and spiculæ of bone came out. Has improved very much for the last six months under silicea, which is continued. In the first stage of this disease, when caused as above, a blood-blister is formed, and, although there is little pain, then is the time to commence treatment. If no care is exercised, inflammation proceeds to suppuration. All pressure must be taken from the joint, and the patient not allowed to walk.

**Case No. 23, TUMOR OF NECK.**—August Griess, æt. 34. Tumor of the size of an orange on left side of neck, under superficial fascia; lobulated; supposed to be cystic; fluctuation detected. Began to grow about eight months since. Operation postponed at request of patient.

**Case No. 24, HYPOSPADIAS.**—A. B., æt. 26. In hypospadias, the outlet of the urethra is on the under surface of the penis; in epispadias, the opening is on the upper surface; the disease is congenital. In this case the opening is in middle third of the corpus spongiosum, no normal meatus being present. There is also fissure of the glans. Penis is bent as in chordee. Urethroplasty may be performed for the cure of this affection, but in this case no operation was desired by the patient.

**Case No. 25, PRETERNATURAL ENLARGEMENT OF MAMMARY GLAND.**—Katie Ward, æt. 12. Swelling of left mammary gland; not painful. Has been painted with iodine, and improved under it. Prescribed phos.<sup>30</sup> once a day for a week. The use of this medicine in hypertrophy of the mammæ, as well as in mammary abscess, was highly extolled.

**Case No. 26, CARIES OF FEMUR.**—Dennis McDonald, æt. 46. Fistulous opening in right thigh, lower third, from caries of

femur. When a boy, injured the thigh, and spicula of bone came out. Two years ago last May, a small tumor appeared on outside of thigh, which grew and, in about four months, burst, and from it exuded pus, which has continued since. Probing discovers caries, but not necrosis.

Prescribed silic.<sup>200</sup> Hopes to cure without use of knife. Caries bone under the probe has a *granular feel*. Above case has been at other college clinics without benefit.

Case No. 27, WOUND OF MOUTH.—James Leet, æt. 15 months. Laceration of tissues of roof of mouth, from falling on a key. Some of the tissues hung by a pedicle, necessitating sloughing if left to itself. These tissues were excised with scissors.

Case No. 28, ANCHYLOSIS OF LOWER JAW, WITH ADHESIONS.—Mary Beaumet, æt. 16. Spurious ankylosis of lower jaw, from gangrene of the mouth. Cicatrix extensive and firmly adhered to jaw. The adhesions were very fibrous, and were divided carefully within the mouth with the knife. Then Westmoreland's instrument was applied, and the ankylosis broken up. On the inside, between the cheek and jaw, was placed a moderately thick layer of tin-foil, to prevent the adhesions recurring. Ordered to move the jaw, every three hours, forcibly, to prevent the return of the ankylosis.

The diagnosis between false and true ankylosis of the jaw is this: If the patient can produce contraction of the masseter muscle, the ankylosis is spurious. Ankylosis, as regards position, may be of three kinds: 1. The condyle may be fixed in the glenoid cavity. 2. The coronoid process may become attached to zygoma. 3. The adhesion may take place between the upper and lower alveolar processes. The first is by far the most common form.

Case No. 29, FRACTURE OF LOWER JAW.—Geo. Pierce, æt. 51, sailor. Fell, about a year and a half ago, and fractured his jaw about one inch to right of symphysis. Bones were not properly adjusted, and necrosis of part of inferior maxillary has taken place. For last six months his general health has improved, and the separation of bone promoted by the use of hecla lava.

## CATARRH.

Catarrh is a specific irritation of the mucous surface of the nostrils, extending to the frontal sinuses and eyes, in one direction; to the posterior nares, fauces and throat in another, and occasionally also to the pharynx, œsophagus, glottis, and trachea, thus terminating in catarrhal bronchitis.

The mucous membranes, in their healthy condition, are invariably moist, and the exhalation of this moisture is, to some extent, an essential part of their healthy functions; through it, together with their texture, they are enabled to expand and dilate freely, escaping tension, and the pain produced thereby. But, when catarrhal action takes place, their ordinary secretion is altered, for the disease usually brings more or less inflammation with itself, and this inflammation a dryness of the mucous surfaces, which causes too great a tension and considerable pain. This however is not the only change exhibited by them; they sometimes become tumid also, and considerably reddened.

Few of us have escaped the experience of an inflammatory state of the Schneiderian membrane. At first the nostril is extraordinarily dry; and, notwithstanding this, it is either with difficulty that you can breathe through it, or the efforts of inspiration through the nostril are in vain; it is "stuffed up," not with accumulated mucus, but by the mere swelling of the lining membrane, which alters its impression so far as it regards smell; its appearance is changed, it is redder than before, its sensibility is increased, for it has become tender and irritable, and the contact of atmospheric air, a little colder or a little less pure than usual, provokes sneezing.

This affection often extends into the frontal sinuses, causing headache and oppression; sometimes the eyes become primarily affected, causing the tears to flow over the cheeks. And with all this there is a sense of chilliness or coldness, lassitude, heaviness of the head, followed by dryness of the nostril, to which is soon added a distillation of watery fluid from the nose and eyes. The defluxion is somewhat acrid and saline, producing slight excoriation of the parts over which it passes.

These may be the only symptoms present, and with these

the attack may end ; in which case we are simply afflicted by what is called "a cold in the head ;" or other conditions may be rapidly superadded, depending upon greater constitutional disturbance, and the extension of the affection over larger surface. In the former case, the general lassitude and chilliness ushering in the complaint are often so slight as to be overlooked ; but in the latter, and in the severer states of the disease, they are generally more marked from the beginning, and amount even to slight shiverings, followed by white tongue, acceleration of pulse, and increase of heat in the evening. The posterior nares and fauces, as well as the nose and eyes, are affected, and the patient complains of a sense of roughness or soreness in the throat, sometimes of dullness of hearing, with soreness or pain extending along the Eustachian tube to the ear, with slight redness of the fauces and mouth, hoarseness, frequent tickling cough, and efforts to excrete a mucous fluid abundantly secreted from the posterior nares, fauces, pharynx, and trachea ; and sometimes with a loss or suppression of voice from a slight œdematous fullness about the glottis. To this are ordinarily added pains resembling those of rheumatism, in various parts of the body, particularly about the neck, head and limbs, loss of appetite, costive bowels and slight thirst. If the disease passes no further, it most frequently subsides in from three to eight days ; the fluid secreted becomes gradually less copious, more opaque and colored, and at last thick, small in quantity, and yellowish white or yellowish green, the entire disorder quickly disappearing ; but should its severity increase, and should it extend to the lungs, the danger is that it may terminate in pneumonia or pleuritis. It sometimes extends down the œsophagus and affects slightly the stomach, inducing dyspeptic symptoms ; it often, however, passes off in persons with an irritable state of the digestive tube, in mucous or serous diarrhœa.

The existing influences that bring about this disease are cold and moisture, or other states of the air which either are or are not perceptible to the senses, but which impede or check the insensible cutaneous perspiration, and change the functions of those parts of the mucous surfaces most obnoxious to their first impression. Sudden changes from hot to cold, from cold to hot, or from a very dry to a very moist air, or facing a cold

wind, will produce catarrh; and it is indeed often found an epidemic at certain seasons and in certain states of the air. It is very prevalent in malarious districts, and no less so on the sea-coast.

Moreover, some persons are predisposed to this disease, their constitutions having become perfectly adapted to it through psora, &c.; their digestive and assimilative organs are out of order; their temperaments, habits and structures, make them fit subjects for it. Certain it is, that persons of phlegmatic temperaments, relaxed habits of body, delicate constitutions, or those weakened by any cause, particularly by morbidly increased secretions and discharges, also those with long necks and narrow chests, or those whose habits are calculated to make them too susceptible to the various changes of temperature, or to hardships which they may unavoidably encounter, are more liable to become victims than others differently organized or constituted.

*The treatment* of certain conditions of catarrh is for the most part unsatisfactory in its results. I allude here to those conditions in which the discharge comes from the posterior nares, making its way into or through the throat, and which is from there "hawked up." From whatever cause this deficiency may arise, there is no doubt as to its existence. It may be that the defect lies in the meagerness of the majority of our works on *Materia Medica*. Be that as it may, I will call attention to three remedies, that have particular reference to these conditions. They are: *cantharis*, *sabadilla*, and *spigelia*, and I believe (my conclusions being founded on my own experience) that if these remedies be properly selected, they will remove the condition. The selection of *cantharis* is proper, when founded on its pathogenesis, where there is tough and bloody mucus drawn through the posterior nares into the mouth. The mucus in the chronic conditions, for which this remedy is well selected, must be of a bloody color. The selection of *sabadilla* demands, by its pathogenesis, a hawking up light reddish blood coming from the posterior nares. And lastly *spigelia*, which, from its pathogenesis, is the proper remedy when the mucus is running from the posterior nares into the throat oftentimes very freely, so freely at times as to cause choking if not quickly hawked up. The



mucus thus hawked up looks either yellow or white. Frequent hawking is also one of the symptoms of this remedy.

No action can be continued long upon any structure of the human body without sooner or later arousing the chronic miasm of its system, founded upon the great law *ubi irritatio, ibi fluxus*. Hence, by the exciting action and determination of ordinary catarrh, may arise that very troublesome form of disease called *hay-fever*, a chronic catarrh, with its ever-returning periodicity. It consists of an excessive irritation of the eyes, nose, and the whole of the air passages; producing in succession, itching of the eyes and nose, much sneezing occurring in paroxysms, with a copious defluxion from the nostrils. In a short time there will be superadded pricking sensations in the throat, accompanied by cough, considerable tightness of the chest, with some difficulty of breathing, and if the ailment has not been properly treated before this, a most fearful state of suffering from urgent dyspnoea, with loud wheezing, will be added to all the preceding. The peculiarity of this ailment is: that it affects certain persons only, and in them takes place at the same period of the year, between somewhere near the 1st of June, and the latter part of August, continuing until the appearance of the first heavy frost. It is evident that it befalls those persons only who are susceptible to the influence of the irritating qualities of the air, emanating undoubtedly from some vegetable effluvia. The opinions of physicians in regard to the prevention of this ailment have been various; the remedies recommended by them, so far as I know from reports, have done little or nothing towards making one hopeful of accomplishing a cure. Some have recommended a change of location, and have sent their patients from the inland to the sea-shore; which, perhaps, in some isolated cases, may have benefited them. But generally speaking, it does not; for the excessive moisture on the sea-coast, occasioned by sea-fogs, is almost intolerable to them. I have seen them compelled to leave for inland regions. Others again have advised the use of remedies, such as arsenic, ipec., lobelia infl., &c., which according to my humble experience as to this ailment in particular, have very little, if any, bearing in the case.

Every physician, who has had any experience in the treatment of hay-catarrh, knows that a free current of air—cool air—open air improves, while a contrary condition aggravates it. This corresponds with the fact that the complaint exists with the warm season, and ends with the coming in of the cold.

*Allium cepa*, founded upon experience and the teachings of provings by others, answers all but the asthmatic stage, and if administered properly will, if not remove, yet mitigate the ailment, and surely prevent the asthmatic stage being superadded.

So will *spongia* answer when asthma is superadded ; for the asthma in this disease is not so much from an impression on the chest, as it is, from a difficulty of breathing, caused by a sensation of constriction in the throat.

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## A CHARACTERISTIC OF IODINE.

By W. F. LAIRD, M. D., Watertown, New York.

Iodine as an ovarian remedy is not fully appreciated by the profession. It is not mentioned by either Guernsey or Ludlam. Raue and Bæhr merely refer to it, but give no indications for its use ; and, with the exception of a case reported by Dr. H. N. Martin in the last volume of the *A. J. H. M. M.*, there is little or nothing upon the subject in our serial literature. Yet, in certain forms of both acute and chronic ovaritis, iodine is invaluable, and when prescribed in accordance with its characteristic symptoms, never fails to bring speedy relief. It is especially indicated by a dull, pressing, wedge-like pain, extending from the right ovary to the uterus. Occasionally, the pain is sharp and cutting ; but, in the majority of cases, patients describe it as a sensation "as if a dull plug were driven from the right ovary toward the womb." This pain may continue for weeks and even months, and is always worse during the menses. The ovary is enlarged, and tender to pressure.

The wedge-like pain in the right ovarian region is peculiar to iodine, and may therefore be regarded as a "characteristic"

of this remedy. Lach. has also a "pressing pain from the ovary to the uterus;" but this symptom (like others of lach.) occurs upon the left side, and is relieved by the accession of the menstrual flow, while under iodine the pain affects the right ovary, and is always worse during the menses. Dr. Burt gives as a clinical symptom of hamam., "pain extending from the right ovary to the uterus, with induration and swelling of the inguinal glands;" and in the *Materia Medica of the New Remedies* we find, under Hamam., "Ovaritis—the pain commences in the right ovary, and passes down the broad ligaments to the uterus," which is probably the same symptom as the one mentioned by Dr. Burt. But, as neither author speaks of the kind of pain, or the conditions of aggravation, amelioration, etc., it is impossible to draw a satisfactory comparison between these two remedies.

This characteristic of iodine is not found in any pathogenesis of the drug, and must therefore be regarded as a clinical observation, the credit of which is due to Dr. M. M. Gardner, of Utica, N. Y. It was first noticed by him, some ten years since, while treating a case of acute ovaritis. The peculiar wedge-like pain from the right ovary to the uterus was the principal symptom, and one which the usual remedies entirely failed to relieve. While studying the case, he saw a remark in some work on domestic practice, that "iodine has been found useful in affections of the right ovary." Upon this meager hint, the remedy was prescribed, in the 30th potency, and the result was a speedy and permanent cure. He has since verified the symptom in several instances, and in three similar cases occurring in the practice of the writer, iod.<sup>200</sup> has acted promptly and efficiently.

It is true that symptoms derived solely *ex usu in morbis* are generally regarded by the profession with distrust, but one which has been verified so often, is at least worthy of attention.

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### SURGICAL CASES.

By GEO. M. OCKFORD, M. D., of Hackensack, N. J.

Case No. 1, EPULIS.—Mrs. — some two years ago noticed a small growth upon the alveolar process of the upper jaw,

resembling a gum-boil. It increased in size gradually, bled a little, and grew smaller. This process was repeated several times, until its growth was uninterrupted by any bleeding, and when I first saw it, it was as large as a chestnut—or, rather, there were two, one above the other, apparently arising from the same base. It was painful to the touch, and had a red appearance, and was so large as to cause the lip to look as if swollen. The patient complained of a feeling of heaviness in the jaw, especially when stooping. Its growth was now quite rapid, and it was daily becoming more painful. Having consulted Dr. Helmuth in the matter, we decided to remove it; and, having anesthetized the patient with ether, Dr. H., assisted by Dr. A. P. Macomber and Dr. Geo. M. Ockford, removed the tumor, making an incision with a scalpel down to the bone, and removing it *en masse*. This done, the bone was found to be in a fistulous condition at the origin of the tumor. The diseased portion of the bone was removed by aid of a gouge, and thoroughly scraped. Afterwards, the wound was dressed by syringing the cavity daily with an atomizer filled with a solution composed of—

℞ Carbolic acid, gtt. xxx.

Aquæ, ℥ iv.

M. ft. sol.

and inserting a piece of linen saturated with—

℞ Olei olivæ, ℥ ij.

Calendulæ tinct. ℥ j.

M.

Under this treatment, the wound healed rapidly, without any sloughing, healthy granulations forming, and in three weeks patient was discharged, with the cavity healed over and nearly filled up.

CASE NO. 2, PERIOSTITIS.—A man, in good health, while getting in a car, stumbled, and struck the anterior portion of his leg against the step. The skin was broken, and there was a good deal of pain and soreness. Five days after the accident, the pain in the limb increased so as to prevent his walking, and became worse at night. When called, I found the limb somewhat swollen, with a small, angry-looking ulcer at the seat of injury. The patient complained of headache,

pressure in brain, rigors, flushes of heat and restlessness, and was low-spirited and melancholy. The pain in the leg was of a heavy, drawing or gnawing character, deep-seated, the skin around the injury having almost an erysipelatous redness. I directed poultices of flax-seed and slippery elm to be applied to the limb, and gave ruta<sup>30</sup>, watery solution, a dose every hour. Under the action of this remedy, the bone pains, fever and headache disappeared rapidly, and, after poulticing the sore for three or four days, and then dressing with calendula cerate, the cure was completed in less than three weeks.

In other cases of periostitis, I have used ruta with astonishing results.

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#### REPORT OF CASES TREATED AT THE SURGICAL CLINIC OF THE DISPENSARY OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

Ry JOHN H. THOMPSON, M. D.

**E. G., INDOLENT ULCER.** This patient was a fine, healthy-looking girl of 19 years of age, weighing 188 lbs; had been treated by an intelligent homœopathic physician for six weeks without beneficial result, when she was sent to me on the 12th of June last. There were two ulcers, which came about the 1st of May, on the outer side of the right leg, just above the malleolus. One was one and one-half inches, and the other three-quarters of an inch, in diameter, and they were about three-quarters of an inch apart. Both had the usual appearance of this kind of ulcer, being deep and excavated, with a flat surface; the edges irregular, dark-colored and indurated; the sore, not sensitive to the touch, exuding a thin, sanious pus, and the surrounding skin much congested, and with very little vascular vitality. I tried cauterizing the edges, and dressing with Unguentum Balsam Peru., then with Ung. hyd. rub. precip.; then painted the ulcers with Tinct. ferri mur.; then a wash of tannin and cupri sulph., with the internal use of several recommended remedies, together with the daily application of bandages and compresses. Then applied a

battery consisting of a piece of pure silver plate, three inches by one and three-quarter inches, and a zinc plate of the same size, connected by a short piece of copper wire; laying the silver plate on the ulcers, and the zinc on the skin, and bandaging these on the limb.

These various treatments were continued for eleven weeks, without producing a single granulation, or any other beneficial change, and each one was given a fair trial, the time of year also being propitious for healing.

Aug. 28th. With the permission of a friend who had frequently seen and become interested in the cure of this case, I snipped from his thigh a small piece of healthy skin, and applied it immediately to the centre of the larger ulcer, and put on the battery, as before stated.

I will here mention a very important part in the application of this battery: the location of the zinc plate must be changed as often as once in twenty-four hours, or another sore will be produced, which will in all probability be as difficult to heal as the original one for which treatment has been sought.

I very carefully watched the skin graft, and, on the fourth day, was gratified by seeing healthy granulations springing up at two places, on opposite edges of the ulcer. The graft had gradually grown white and become smaller and smaller, until it entirely disappeared, and then both ulcers were granulating very nicely, though slowly. The battery was kept on for eight days after the transplanting, and then the ulcers were dressed twice a day with Hyd. rub. precip., 3 ij, and simple cerat., 3 ij., until October 2d, when I was able to dismiss the patient perfectly healed.

H. P., aged 47, MENTAGRA. This man was bitten on the chin by a dog, three weeks previous to presenting himself at my clinic. Before the wound (which was not a very bad one) was entirely healed, he was shaved by a barber, who cut off the scab. Soon after, he had small pustules break out all over his chin, in the hair, which he had since been obliged to allow to grow. Eruption itches very much, especially at night.

He also had pain in the small of the back, and coughed up a hard, jelly-like phlegm, of a dark lead-color. Bowels were regular.

Prescribe *rus tox.*<sup>30</sup>, which entirely relieved the cough and

pain in the back, and also produced constipation in three days, but the sycosis menti was not benefited.

Gave him graphites<sup>200</sup>, one dose every night, and he was cured in a week.

H. L., washerwoman, aged 52, INTRA-UTERINE FIBROID TUMOR, attached to the fundus, with complete procidentia uteri and inversion. She had had prolapsus for eight years, and had noticed this tumor for nine months. Had not menstruated for several years. When I saw her, the tumor was the most pendent of all the protruding mass. Its size was two and one-half inches long, by one and three-fourths of an inch wide, and one and one-half inches thick; the pedicle was not more than one-eighth of an inch long. When the tumor was in my hand, without the administration of any anæsthetic, I twisted it off. There was no manifestation of pain by the patient; indeed, she seemed quite surprised to find that the tumor was detached. There was not the loss of so much as five drops of blood.

The parts were then well oiled, and carefully replaced to their proper position, and secale cornutum 1-10th, given three times a day, when she returned to her home, a distance of three miles. Did not see the patient until nine days afterward, when she said she had felt very comfortable ever since, only that she was quite weak while going home, and for two days after.

There had not been any hemorrhage at all. The uterus came down some, but not nearly as much as before. Continued the same remedy twice a day, and requested her to call again.

Three weeks later, when she came, I scarcely knew her, she had grown so fleshy. Said that she was doing very well; had not felt so smart in many years, and was able now to do a good day's work at washing.

It would be fortunate if all fibroid tumors of the uterus could be removed with as little trouble to the patient and operator as this one.

D. W., aged 19, unmarried, came to the clinic complaining of smarting, burning pain at the time of passing water; also irritation, increased by walking or standing, for which she had been treated over a year by two allopathic physicians.

After prescribing for her a few times, without affording much relief, and becoming satisfied that there was some local



affection which had not been understood, an examination was requested, which revealed a vascular tumor of the meatus urinarius. These tumors, which are exceedingly painful to the touch, and cause much suffering, are located at the mouth of the urethra, and sometimes even in the canal, being attached to its walls by a pedicle. They are highly vascular, and consist of inflamed mucous papillæ, being of a bright red color. In this case there was no pedicle; the tumor was pointed, half an inch long, and three-fourths of an inch broad at the base: the whole of which was attached to the posterior portion of the urethra, so that the urine flowed over the tumor, inflaming it and causing most intolerable pain. As removal is the only method of cure, she was informed of the fact, and desired that it might be performed soon; but, as etherization would be necessary, wished to have it done at her home.

After being anæsthetized, a curved needle, threaded with silk, the ends being of equal length, was passed through the tumor at its base. The thread cut at the eye of the needle, one strand was tied anteriorly, and the other posteriorly, thus embracing the whole tumor, and, by being passed through it, all danger of slipping off was avoided.

The next morning, eighteen hours after the operation, there was no pain when the patient was sitting up, and but very little during micturition.

Four days after the operation, the ligated portion had sloughed off, and the base was quite free from inflammation. Urination was not any longer painful, neither were the parts sensitive to the touch; but she was quite free from all her suffering and pain.

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#### THE NELATON HOSPITAL.

Nelaton has left a number of memoranda on the occurrences of his day, of which he was a close observer. His son intends to devote some of his inherited wealth to perpetuating the fame of the great surgeon, by erecting a Nelaton Hospital for Incurables in Paris. It is expected that this Institution will be a model of its kind, being constructed with all the modern improvements of hospital architecture.

## Reviews and Book Notices.

THE REPORT OF COLUMBIA HOSPITAL FOR WOMEN AND LYING-IN ASYLUM, WASHINGTON, D. C. By J. HARRY THOMPSON, A. M., M. D., Surgeon-in-Chief. With an Appendix. 4to. pp. 430. Washington Government Printing Office, 1873.

When this volume was announced, it was expected that it would furnish a concise report of cases and treatment suited to the humble condition and comparative obscurity which the institution enjoyed during the time covered by the Report, viz.: from March, 1866, to June, 1872. But it is now apparent that more was intended, and that the Department of the Interior has published an elegant and voluminous treatise on certain branches of medical science, calculated to confer greater notoriety on the author, and on Columbia Hospital, than either has merited. What are the intrinsic merits of this work, thus distributed at the people's expense?

Turning over the leaves, we soon discover that only one-half of them are over the signature of the reputed author; while three writers, whose articles appear as "Appendix," have been denied all mention upon the title-page and endorsement of the volume, though such mention had been distinctly promised, and upon that promise these additional papers had been submitted. This omission, exciting remonstrance, was apologized for, and assurance given that in subsequent copies the omitted names should appear on the title-page, and no names whatever upon the endorsement. In July, 1873, five thousand additional copies were issued, but the promised correction failed to appear, and the fault of omission was ungenerously charged to the public printer.

One very good reason for the dissatisfaction felt by the writers, who have been so subordinated, is the fact that the *outdoor* patients, which they report, are taken up into the "summary of cases treated;" and altogether made the basis of the author's singular boast, that aid is given at this institution to twenty per cent. more patients than are treated in the hospitals of New York, Philadelphia, and other large cities, in proportion to the fixed population. The first portion of the work reviews the inside practice of the hospital. There are, however, "a few" cases not connected with the hospital, and some not at all bearing upon its specialty, while in the commentaries are more than fifty acknowledged extracts from well-known authors (four quotations alone covering forty-three full pages), while there are no sort of tabular statements of disease, such as are found in the "Appendix," beyond the mere numerical display of cases in the preface, which are not classified, and therefore are of no value whatever to medical science.

The low proportion of deaths (81 deaths in 11,455 cases) may be partly explained by excluding the *outdoor* patients, which are more than eighty per cent. of all the cases reported, and among which are included a large number of males, as well as many whose final history was never known.

The histories of cases, that are given with so much parade, are based on private memoranda of the author, on whose memory alone we are compelled to rely for all details, as no official record of the kind appears prior to October, 1872. Two cases, related with evident satisfaction, deserve brief mention here. Look first on p. 89, in case 14, "complete prolapsus," etc., "admitted August 23d, 1872." Here the amputation of the cervix is said to have been performed with "a strong pair of

blunt-pointed scissors," whereas the actual operation, as witnessed by the reviewer, was accomplished with the knife. And indeed, how awkward would have been the attempt to amputate so thick a cervix as that depicted, "exact size," in plate VIII. fig 2, with scissors, however strong. Again, turn to p. 202, *et seq.*, in the account of the removal of a crotchet-needle from the bladder. Notice the quiet assurance with which the author asserts his knowledge of the dimensions, position, etc., of the foreign body, before the operation, while it was manifest to all present, including the reviewer, that he did not, and could not, know these fine points of diagnosis until the body was grasped by the forceps through the vaginal incision.

The work, as a whole, we are bound to say, furnishes some very pleasant reading, and the results of treatment, as detailed, are highly gratifying; but much of the matter is misplaced, in what should be a concise report.

In the chapter on fistulae, out of twelve pages, eight are quoted from Dr. Sims. In the article on cancer are many quotations, and few, if any, original ideas. In the chapter on diseases of the vagina and cervix, thirteen consecutive pages, with cuts, are borrowed from Tyler Smith, leaving just half a page for the author's remarks, which make no allusion to cases. Just at the end of the first part there is a hint of certain fatal cases of ovariectomy, not referred to in the index, and dismissed with the excuse that their record has been "misaid."

We must not omit to mention that Dr. Thompson's report is disfigured by sundry cuts of the coarsest character, executed by a man who has no pretensions to art, and who is but an indifferent sign-painter. Many of these cuts are mere travesties of plates from the works of Brown, Smith, and Lavage.

In the "Appendix" to the work are three minor reports, from as many departments of the dispensary service.

The first, by F. A. Ashford, M. D., Assistant-Surgeon of the Hospital, is upon "Diseases of Women."

He begins with a tabular statement, covering two pages, showing diseases, number of cases of each, and brief remarks. This table, he says, would be more valuable but for the unavoidable contingencies of dispensary practice, which preclude completeness of history in many cases. Following this table are three papers treating of metritis, chronic metritis, and endometritis, which, though readable and instructive, are decidedly too lengthy and diffuse to fit the requirements of a simple "Report of Dispensary Practice."

The next report in the appendix is from the pen of S. C. Busey, M. D., in charge of the department of Diseases of Children.

This, like the preceding, is prefaced by a carefully-prepared table of diseases, and consists of analytic remarks upon some of the most frequently-recurring diseases. These remarks are especially valuable, as they refer constantly to facts, the results of personal observation by a thorough medical scholar and conscientious recorder; yet there is somewhat of the prevailing tone of diffuseness that affects the whole volume, disregarding proper reportorial limits.

In the last portion of the work, by D. W. Prentiss, M. D., "Diseases of the Eye and Ear," though not particularly allied to the specialties of a women's hospital, receive considerable attention.

This report, though it has, more than the others, the merit of brevity, is yet not brief enough, and a good deal of irrelevant though interesting matter is added to the tabular statements and their proper analyses. Altogether, there is too much of this Columbia Hospital report, and we regret that its authors have attempted to win popular favor in this manner at the people's expense. An approximate but careful

estimate of the cost puts it at not less than \$13,000 for the whole work ; while, in regard to the first part, it is a matter of authoritative rumor that, after the House Physician of the institution had spent two months in thankless labor upon its correction, it was given to a local practitioner for revision, who received \$400 for his pains. Is the outlay justified in the result? E. C.

## SEX IN EDUCATION, OR A FAIR CHANCE FOR THE GIRLS.

By EDWARD H. CLARK, M. D. 16mo., pp. 181. Boston :

James R. Osgood and Company. 1873.

In the present unsettled state of feeling regarding the education of the sexes, this book appears most opportunely. The author rests his conclusions upon the basis of human organization and physical laws, and draws upon his clinical experience to substantiate his premises.

It appears to us at present that a strenuous effort is being made to depreciate the other sex ; to divest woman of those great powers and acute sensibilities which belong to her, and to bring her up as a man, to perform the duties of a man, and in the same manner as man. It is forgotten by these reformers that God created man and gave woman to be a help meet for him : not of an inferior body, but more beautiful in shape, proportion and comeliness, and withal more sensitive in some particulars, but stronger and superior in others, than are found in the opposite sex ; not of inferior intellect, but in many ways superior, especially in those points where the rougher nature is deficient ; not of the same organization, but endowed with different sensibilities, a different taste, and necessarily subject to different bodily affections in that sphere which makes maiden, wife and mother. The woman is as necessary to the man as the man is to the woman : the one to the other as the sun to the soil, the rain to the parching earth, the light to the organ of vision. Yet in certain circles the effort is being made to disturb this wonderful harmony of species. Woman must do business in the same sphere and in the same manner as man ; she must be educated as man ; taught with men in the same school. The sensibilities which place her far above man are to be disregarded ; her powers must be tested like those of men. In short, the difference between the male and female organization is to be disregarded. The book before us is a powerful and intelligent protest against such profanation. In the work, by way of premises, the author says : "The sacred number three dominates the human frame. There is a trinity in our anatomy. Three systems to which all the organs are directly or indirectly subsidiary, divide and control the body. First, the nutritive system. \* \* \* Second, the nervous system, which co-ordinates all the organs and functions. \* \* \* Thirdly, the reproductive system, by which the race is continued, and its grasp on the earth is assured. The first two of these systems are alike in each sex. They are so alike that they require a similar training in each, and yield in each a similar result. The machinery in them is the same. No scalpel has disclosed any difference between a man's and a woman's liver. No microscope has revealed any structure, fibre or cell in the brain of man or woman, that is not common to both. No analysis or dynamometer has discovered or measured any chemical action or nerve-force that stamps either of these systems as male or female. From these anatomical and physiological data alone, the inference is legitimate, that intellectual power, the correlation and measure of cerebral structure and metamorphosis is capable of equal development in both sexes. With regard to the reproductive system, the case is altogether different. Woman, in the interest of the race, is dowered with a set of organs

peculiar to herself, whose complexity, delicacy, sympathies and force are among the marvels of creation. If properly nurtured and cared for, they are a source of strength and power to her. If neglected and mismanaged, they retaliate upon their possessor with weakness and disease as well of the mind as of the body." This seems to be a true basis, and from such "*the physiological motto is (says the author), Educate a man for manhood, a woman for womanhood, both for humanity. In this lies the hope of the race.*" And still further back, at page 15 of his introductory chapter: "*The loftiest ideal of humanity, rejecting all comparisons of inferiority or superiority between the sexes, demands that each shall be perfect in its kind, and not be hindered in its best work. The lily is not inferior to the rose, nor the oak superior to the clover; yet the glory of the lily is one, and the glory of the oak is another, and the use of the oak is not that of the clover.*"

In his physiological "part," the author describes the well-known tripartate life of woman, and shows that even in the very earliest years of existence, a difference in the tastes and habits of the sexes can be noted. As pubescence approaches, a more marked change takes place, and the importance of proper care and attention being bestowed upon the girl during the menstrual period is clearly and forcibly pointed out. He says: "In the education of our girls, the attempt to hide or overcome nature by training them *as boys* has almost extinguished them *as girls*. Let the fact be accepted, that there is nothing to be ashamed of in a woman's organization, and let her whole education and life be guided by the divine requirements of her system."

In Part III, "*Chiefly Clinical,*" many interesting cases drawn from his own personal experience are recorded by the author, in which the most disastrous and fatal results of neglecting physiological laws in education and pushing forward the mental powers at the expense of the physical, at those times when the whole attention of the teacher should be given to the latter, are minutely described. He argues that the constant education of the mental at the expense of the physical cannot but be noted by the appearance and health of our American women, and accounts for the frequency of uterine disease, the inability to bear children, and the impossibility in many instances of nursing them, to these causes. In some instances, women survive the shock, and as he says, "When arrested development of the reproductive system is nearly or quite complete, it produces a change in the character and a loss of power which is easy to recognize, but not to describe. \* \* \* There are in individuals of this class less adipose than muscular tissue than is commonly seen, a coarser skin, and generally a more coarse and angular make-up. There is a corresponding change in the intellectual psychical condition—a *dropping-out of maternal instincts*, and an appearance of Amazonian coarseness and face. Such persons are analogous to the sexless class of termites." Who among us has not seen them? Who does not know them from afar? And we may say, who does not avoid them? Their wits are sharpened, and they often wield a pen of sour sarcasm; their intellects are developed at the expense of their womanhood. Men flee from them as a pestilence; consequently, these specimens of "castrated femininity" are furious men-haters. They know exactly what they are; they understand fully their hopeless position in the world as woman; they know that, true to the bane of education which made them so, they can support themselves as men; and as measurably well this end is attained, they live on, what kind of an existence we cannot say: but we do say, if this race is to increase, let a new line of prayer be inserted in the Litany, to which we cry, "*Libera nos, Domine.*"

Part IV of this most interesting little work is devoted to the consideration of co-education. In this chapter, the proper signification of the term "co-education"

is given; that understanding of it in which two or more classes are being educated in the same institution, in *different* class-rooms at the same time, is not the sense in which the author desires the term to be taken. He says, p. 122: Another signification is, "that boys and girls shall be taught the same things, at the same time, in the same place, by the same faculty, with the same methods, and under the same regimen. This admits age, proficiency, *but not sex*, as a factor in classification. It is against the co-education of the sexes in this sense of identical co-education, that *physiology protests*;" and it is this identity of education, the prominent characteristic of our American school system, that has produced the evils described in the clinical part of this Essay, and *which threatens to push the degeneration of the female sex further on.*" Still further, he says: "Schools for girls have been modeled after schools for boys. Were it not for difference in dress and figure, it would be impossible even for an expert, after visiting a high school for boys and for girls, to tell which was arranged for the male and which for the female organization." These most practical remarks must come home, not only to every parent, but to every physician—indeed, to every one having an ordinary education in physiology, a little common sense, and a respect for nature's laws and nature's God. This disregard of all physiological processes in the education of women, the sacrifice of the procreating powers to those of the mental, is a crime which ultimately will tell, aye, is now telling, sadly upon the American race. A startling fact is revealed to us by Dr. J. C. Toner, in *The Nation* for Aug. 28, 1873, which is also published as a foot-note in the volume of which we are writing. The figures show that, in 1830, there were, to every 1000 women who were marriageable, about 1952 children under fifteen years of age. In ten years later, there were 1863, or 89 less children to every thousand women. In 1850, the number was reduced to 1720; in the year 1860, to 1666, and in 1870 to 1563. The total decline in forty years being about 20 per cent. And in this great city of New York, the census for 1870 "shows but one child under fifteen years of age to every thousand nubile women, and there ought to be three, and the same is true in our other large cities." Are not these figures appalling? Wherein lies the fault? Here it is: "The error which has led to the identical education of the two sexes, and which prophesies their identical co-education in colleges and universities, is not confined to technical education. It permeates society. It is found in the home, the workshop, the factory, and in all the ramifications of social life. The identity of boys and girls, of men and women, is practically asserted out of the school as much as in it, and it is theoretically proclaimed from the pulpit and the rostrum. *Woman seems to be looking up to man and his development as the goal and ideal of womanhood.* The new gospel of female development glorifies what she possesses in common with him, and tramples under her feet, as a source of weakness and budge of inferiority, the mechanism and functions peculiar to herself." Surely there is great common sense in such remarks as these, and to those who are at present deeply interesting themselves in the medical education of the other sex, the words are possessed of peculiar interest. No one can doubt the capability of the minds of women to acquire by study the requisites necessary for the practice of the medical profession. The question is, shall they be taught in the same manner and at the same time as men? And, will they be able, when they have acquired that proficiency which gives them the legal right to practice medicine (be that attained in the most judicious possible manner), will they be able, in justice to their organization, to practice medicine in the same way as men? This question excludes from its consideration the vexed point of mixed clinics or mixed classes of any kind. Can the woman, having taken

\* The italicized words in the review are our own.—Ede.



upon herself the duties of mother and wife, attend to patients at all times and at all seasons? Can she rise from her bed, at night, and face the storm, the cold and the wet, with her menstrual periods upon her? Ought she, during the period of utero-gestation, go through the harassing cares and anxieties of a routine practice, and attend to those peculiar duties which belong to her as the regulator of a household? Can she, during the suckling period, nurse her offspring and practice medicine? Can she, after having gone through the system of education now adopted in our schools, still further cultivate the science of medicine, learn it as do male students, and then, taking upon herself those almost divine duties of wife and mother, practice medicine *as men*? These are the questions which will interest all, not only those who are now seeking the best method of education, whether medical or other, but also of those who desire to see the laws of nature regarded in their proper light.

This book will do much for the education of both sexes, and will open a field of inquiry which is possessed of the highest interest. H.

### C. HERING'S MATERIA MEDICA, WITH A PATHOLOGICAL INDEX.

We were delighted to welcome to our sanctum the first volume, issued as such, of Hering's *Materia Medica*. It increases our desire for the whole work, which is so admirably commenced, the second volume of which, we are assured, "will appear as soon as the last of the 'Analytical Therapeutics' has left the press." A few are already in possession of the text of this work as it appeared in the journals, but the "Introduction and Index," from Dr. Hering's own master-hand, is alone worth the price asked for the volume. Of the arrangement, nothing could be more convenient and usable. The divisions are well made, and practicable for study or reference. Symptoms that appear in groups in the provings are allowed to thus stand, and may be found under all the headings to which any portion may be related, thus facilitating understandable study and reference. In the introduction we read the text which Dr. Hering adopts as his rule: "*While ye gather up the tares ye root up also the wheat with them; let both grow together until the harvest.*" Surely we do not need this seeming apology for anything from the pen of this distinguished author, especially on so important a subject as "drug provings," for if the publisher is willing to extend the use of his ink and paper to include "everything that is known" of the drug, and the arrangement of this "bulky mass" does not interfere with its use, we ought to be willing to take it, prove what we can, and hold fast to that which is good. Then will occur a "sifting" that will be serviceable. Who else is able to make a "sifting" of drug provings if our veteran author dares not? Much has been proved true of our symptomatology, but nothing disproved, when applied in accordance with the law.

All students of symptomatology will welcome new provings of any drug, and whoever arranges these concisely together, so that we may avoid the reference to numerous volumes, becomes a benefactor. I think that we may safely say that this is the best and most scientifically arranged *Materia Medica* yet extant.

Compared with any other similar work how lofty it appears!

Those who only require to study characteristics can easily find them prominent in their respective places; but those of us who sometimes require to study closely the details of drug action can also be gratified, for here we find all that is known of the drug to date. Let all buy and use Hering's *Materia Medica* until, in a few years, both works (Allen's and Hering's) are complete in the hands of the profession.

A. K. H.



# The New York Journal of Homœopathy.

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NEW YORK, DECEMBER, 1873.


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WM. TOD HELMUTH, M. D., T. F. ALLEN, M. D.,  
S. LILIENTHAL, M. D.,


*Editorial Committee.*

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## MEDICAL TOADYISM.

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It is a melancholy fact that, among members of a dignified profession, there can be found cropping out, here and there, a disposition to toadyism, which is too marked to escape notice.

Of all varieties of sycophancy this is the worst, because it has more or less effect upon the entire profession, lays before the world a vulnerable and weak side, which serves as a mark for the arrows of ridicule and contempt, and throws discredit upon many who are thoroughly honorable in motive and action, and who regard with disgust the medical toady and his ephemeral acts.

In large cities, where wealth, power, display, and inequality of station are necessarily found, there exists a greater tendency to court favor, by means of adulation, than in smaller towns. In foreign countries, where the lines of social demarcation are even more defined than in our own land, the spirit of which we speak has been ever pre-eminent; but here, in our midst, in this wonderful metropolis, the medical toady grows with a certain luxuriance, and is covered with perennial bloom; clinging tenaciously to the stems from which he hopes to gain support, he hangs on by every conceivable twist, with

a pertinacity which is surprising, and indeed measurably successful.

The great and only object of ambition of these "enlightened practitioners" is to "get practice" among the "upper ten thousand," and to this end they worship that elevated and uncertain idol. They are as jubilant, when they can prescribe for a notable or notorious personage, as was "drop and pill Ward" when he obtained royal permission to drive through St. James Park; or when Chevalier Taylor affixed to his name "ophthalmiator, pontifical, imperial, and royal."

These flattering and clinging doctors often possess a certain amount of shrewdness, in their attention to "great folk," which, for a time, baffles the unobserving in the profession, and even may cloud the vision of those upon whom their assiduities are lavished. Patients often mistake the *real motive* of attention paid, and attribute the same to a heart-felt interest in the case; a desire to be successful, which the perfect toady never feels, though he simulates it to perfection, making him thus an accomplished hypocrite.

If a *successful* toady would you be,  
Your first, main study is hypocrisy.  
If 'tis too palpable, it will not pass  
For virtue true; 't must be like *purer brass*,  
Which, when 'tis moulded by *experience* bold,  
By *reputation* it may sell for gold.  
Therefore, dear toad, tell every mother she,  
In her fair daughter, will remembered be;  
And every father gladden with the lie,  
That in the son, his virtues you descry.  
And if, when walking through a splendid street,  
Some playful children you should chance to meet,  
If *watched by parents, thro' the window pane*,  
Pat their dear heads; you may a patient gain.

There exists, however, a very great difference between a laudable ambition for success, to be gained only by study, practical ability, devotion to the science, and experience in the art of medicine, and a simple desire to gain notoriety without brains or qualifications. It may be laid down as a rule, that the true physician is much more anxious to be appreciated by his brothers in the profession than by the laity; to have his ability, or study, or proficiency, or cultivated talent acknowledged by his peers, rather than by the people, for the simple reason that the former are, in the majority of instances, more

qualified to judge of medical capability than the latter, and are not to be led astray by any outside clap-trap, glamour, and humbug. It must be recollected, in this connection, that a man may be full of genius, and love display, as did Cardinal Richelieu in the magnificence of his court, as did Wolsey in the splendor of his pageantry, when he was obliged to disinfect himself from the immense crowds which his cortege attracted, or as indeed did Hahnemann dote upon a many-colored livery, and an elaborate toilet. A man may be full of learning, and burst with desire to intrude it upon his friends or listeners; he may sing in Greek, as did Porson, and gabble all the idioms of the world, as did Mezzofanti, and yet not possess one of those miserable, hypocritical, and sycophantic tricks which belong to the genuine medical toady.

The question may then be asked, why do such men succeed? In two reasons; first, because the unsuspecting are gulled, and are egregiously fooled by technical terms and pomposity; and because, as the celebrated Dean of St. Patrick's has said, "It is an uncontrolled truth, that no man ever made an ill figure who understood his own talents, nor a good one who mistook them." These poor toadies do understand their own talents, and work them to perfection; often to the discomfit of a more modest and learned professional brother.

A toady reaches his end soon; and begins as he ends, a sycophant. *Vox et præterea nihil*, or Paget might classify him a "giant sell."

H.

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#### WHO ATTENDS THEM?

In a late number of the *New York Evening Mail* is found an article headed "The War of the Doctors," which treats the public to an account of the recent action of the Regents of the University of Michigan, in declining to obey the laws of their State, and refusing to allow the Professorships of Homœopathy to be introduced into the Institution. The article ends thus:

"All this seems to be ridiculous trifling. The University is a State institution. Its trustees ought not to need the compulsory order of a court before obeying a law of the State—a good part of whose taxes, we venture to say, are paid by men of the homœopathic persuasion. We know that in this city three-quarters of the taxes are paid by men who employ homœopathic physicians—one firm of whom, alone, has

among its regular patients Wm. B. Astor, Commodore Vanderbilt, A. T. Stewart, and a large number of lesser millionaires. Some time or other these men will demand that homœopathy be put on an equality with the old school at all public institutions supported by taxation ; and their demand will have to be complied with, for it will be just. The contest in Michigan is a symptom of what we shall witness here, and it can have but one issue." H.

### THE BOSTON UNIVERSITY.

Verily the world moves. The Boston physicians, after having been expelled from the Massachusetts Society, have gone on with the great work. We have on our table a foreign-looking pamphlet, entitled "*Boston University School of Medicine ; first Annual Announcement, 1873.*"

Upon opening this pamphlet, on the first page we find twenty-nine names, composing the "body corporate." Among these, though Butler is not named, there is an *Ex-Governor*, half a dozen Honorables, nine Doctors of Divinity, two Doctors of Laws, and about ten Esquires.

On the second page we find a notice of the University, which embraces a School of Theology, a School of Law, a School of Medicine, a School of Oratory, a College of Liberal Arts, and a College of Music. With the medical department of the University we have most to do. Of it, the circular says :

"The first, or Homœopathic, medical department of the University will be opened Nov. 5, 1873. For conditions of admission, address I. Tisdale Talbot, M. D., Dean, 31 Mount Vernon Street, or John H. Woodbury, M. D., Registrar, 58 Temple Street."

The Faculty of this department is composed of eighteen "ladies and gentlemen," among whom we notice Mary Safford Blake, M. D., as one of the professors of diseases of women, and Mercy B. Jackson, M. D., professor of diseases of women.

There are, besides the *eighteen* professors, *eight* lecturers. Alonzo Boothby, M. D., is the Demonstrator of Anatomy, and Caroline E. Hastings, M. D., is the *Assistant Demonstrator*, and Special Lecturer on Anatomy.

This latter is the "*newest*" arrangement out. What a pleasant time the Demonstrator will have in getting ready the professor's lectures. When *we* did that work we had to sit up half the night, alone, utterly alone ; perhaps a cigar and a

half sleepy janitor to console us. How different would the work have been could we have said to a fair assistant, please turn over to "the deep cervical fascia," and read me what is written, while I go on with the dissection; or when the *alter ego* would say, "Oh, Doctor, isn't this jolly, I've got out the ganglion of Meckel and its communicating nerves." Well, we suppose that this introduction of the other sex into the dissecting-room will be, as the small-sized Japanese acrobat used to say, when his feet were in the air, and his head on a pole twenty feet high, "all right."

Is she also to demonstrate to promiscuous classes? Probably not! Perhaps her appointment was made to allow her, instead of "the other man," to demonstrate to her own sex.

This institution has adopted the graded course. It is the best and the only one that should be introduced into our colleges. A three years course; the first preparatory to the second, the second to the third, and the third comprising those higher branches, to attain proficiency in which, the groundwork must be laid in previous years, is the true method of teaching medical science. Such a curriculum is better for the profession and better for the student. To the one it saves much repetition, to the other the drag of having to hear over and over what he should already know. With the announcement comes an eight-page paper, termed *The Record*, issued by the Homœopathic Association of Boston University.

"This little sheet will be issued from time to time, and sent to all the members of the Association and of its various Branches, when the names of the members and their subscriptions are forwarded to the Treasurer. It will contain the transactions of the Association, and a list of all the Branch Associations, their officers and members. It will report from time to time the condition and prospects of the School, and whatever may be of special interest to its friends, with suggestions of means to increase the number of them. Besides this—its more especial work—the *Record* will contain items of general interest concerning homœopathy. Its friends are invited to add to its value by forwarding any specially important intelligence to the publishers."

H.

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### THE BIOGRAPHICAL CYCLOPEDIA.

"The evil that men do lives after them;  
The good is oft interred with their bones."

This quotation may be true of ordinary human beings, but its application to the homœopathic profession (at least those

who appear in the *Biographical Cyclopaedia*), is forever lost. Was there ever such a combination of "wit and words and worth, action and utterance and the power of speech," power to cure, power to command, power to rise, unaided, from the lowest to the topmost rungs of the ladder of fame, as we find among ourselves? We had no idea that our school could make such an elegant "get up," or that there were so many handsome men in the profession. Somebody left a memorandum on our table inserted between the leaves of the volume of which we speak. It was referring to a passage in melancholy old Burton, relating to a new cure of the "blues," in which many "false fictions, diabolical illustrations and counterfeit miracles were to be exposed," and wherein the writer saith, "But we need not run so far for examples of this kind: we have a volume just published at home for this purpose." We have certainly "a volume at home" (some, we believe, have *five* or *six* copies) which it will be delightful for our offspring to read; which pictures us in our palmy days, and will open the eyes of friends to our inestimable virtues; will tell our genealogy and the number of our children; our glories, our successes; but, thank Jupiter, never a word of failure; all good, no bad; almost perfection, no defections; perfect, perfect, perfect! Is this so? Echo answers O. H.

#### ESMARCH'S ARTIFICIAL ISCHÆMIA.

We would call the especial attention of our readers to this article, translated by Dr. Lilienthal, and published elsewhere in this number. Those who look upon surgical science as a part of medicine will be highly interested and entertained by a study of this method of restraining hemorrhage during operations.

#### Obituary.

SIR HENRY HOLLAND, BART., M. D., D. C. L., F. R. S.

We regret that we are called to chronicle the death, on the 29th of October, of a man eminent in professional circles, and not unknown in the world of literature.

Sir Henry Holland, physician, author and well-known traveler, was born at

Knutsford, Cheshire, England, on the 27th day of October, 1788, and had, therefore, at the time of his death, barely passed his 85th birthday. He received his medical education at the University of Edinburgh, where he was graduated in the year 1811. Preferring rather to travel than to enter immediately upon the practice of his profession, he soon found himself voyaging up the Mediterranean toward Greece and the Ionian Islands. In 1815 he published an account of his journeyings under the title of "Travels in Albania and Thessaly."

On his return to England he established himself in London, and soon took high rank in his profession. He was appointed, in 1814, Physician-in-Ordinary to the Princess of Wales, and thenceforward attended several members of the royal family, including, after 1852, the present Queen, by whom, in the following year, he was made Baronet.

In 1834 he was married, for the second time, to Saba, eldest daughter of Sydney Smith, who, in 1855, published a life of that distinguished divine. It was Dr. Holland's fortune to come into contact, both professionally and socially, with some of the foremost minds of his time; and not in England alone, but in many other lands. It was his custom to devote two months of every year to travel, and few countries are there with which he was not personally familiar. He made several visits to the United States—one during the late war, when for a short time he was the guest of President Lincoln and Secretary Seward, and another a few years later, when he was in his eighty-second year. Only three days before his death he was at the trial of Marshal Bazaine and dined with the judges in the evening, he being then on his return from a trip to Russia. This remarkable man retained all his faculties to the last, and thus, in the full possession of his mental powers died one, to whose credit be it said, that the world was wiser for his having lived in it.

Dr. Holland published in 1839 a work, through which he became better known to the profession at large, called "Medical Notes and Reflections," whose first and third editions (1839 and 1856) were republished in this country. The title of this valuable work gives sufficient indication of the nature of its contents. In its pages we find recorded the observations and honest experiences of one whose mental accomplishments and sound judgment eminently fitted him for his task.

C. E. V.

### ROBERT WILLIAM SMITH, M. D.

By advice from Dublin, Ireland, we learn of the death of Dr. Robert William Smith, Professor of Surgery in Trinity College, and one of the most learned members of the medical profession in the United Kingdom. Dr. Smith's eminence was chiefly obtained as a surgical pathologist. In the year 1849 he was appointed Professor of Surgery in Trinity College, and during the greater part of his professional life he was connected with Richmond Hospital, in the Irish metropolis. He did not devote much of his time to operative surgery, preferring the higher walk of theory and surgical pathology. As a lecturer he was unrivaled for clear and lucid exposition of his subject. His work on fractures in the vicinity of joints and of certain forms of accidental and congenital dislocations, is well known, and occupies a high position in surgical literature. During his connection with the Richmond Hospital he succeeded in collecting many of the finest specimens of casts and drawings illustrating surgical pathology which have ever been accumulated through the labors of a single man.



## PROGRESS OF MEDICAL SCIENCE.

**ASPIRATION.**—In the report of the Charity Hospital of New York, published in the *Medical Record* for Oct. 15th, a very interesting case of strangulated hernia, treated with the aspirator, is recorded. The hernial tumor was as large as a child's head. Prolonged taxis was unavailing, therefore the aspirator was applied, and 3ij of serum drawn off. The gut was not aspirated, but the removal of that amount of serum rendered the parts more pliable, so that the gut could be returned into the abdominal cavity.

**PNEUMATIC ASPIRATION IN HYDRAETHROSI OF THE KNEE-JOINT.**—Dr. Rasmussen, of Copenhagen, described seven cases in which he practiced aspiration in eight knee-joints. In none of these cases did the slightest trace of inflammatory reaction follow the operation. Even in the cases where there had been severe pains and considerable tenderness of the joint, it was so free from both for several days after the operation that treatment by *massage* could be employed for the removal of the remainder of the effusion. He advises the operation in both the chronic and acute forms of this affection.

The following is Dr. Rasmussen's mode of operating: Broad strips of adhesive plaster, clipped at the ends, are applied above and below the joint, and are then gradually tightened according as the evacuation of the fluid by suction, which takes place very slowly, proceeds. By the continued application of adhesive plaster the fluid is forced towards the canula.

This should, as a rule, have a diameter of from .08 to .06 of an inch, so that the viscid portion of the fluid can pass through it. At first Dr. Rasmussen made the puncture through the extensor muscles in the highest pouch of the capsule, for fear that the fluid would continue to ooze through the comparatively large opening if the latter were to be made at a lower level. This subsequently, however, was found to be both unnecessary and inexpedient, for by this plan the fluid could with difficulty be all drawn off, and the puncture is now made in an upward direction at the external edge of the patella. After the removal of all of the fluid, the opening is closed with charpie and collodion, and the last strip of plaster is applied in the centre, and thus the joint is compressed and placed at rest. To secure rest more completely, the leg is bandaged and an ice-bladder is applied to the knee, although the latter is thought to be, perhaps, superfluous.

Occasionally slight oedema of the foot and ankle follow the operation; but clipping of the plasters, and so loosening them, causes it to disappear. The bandage may be removed at the end of three or four days, and the fluid will commonly have disappeared. When it has recurred it is in less amount, and the joint is quite free from pain.

The utmost care is essential in disinfecting the trocar, and in operating in a locality where there is neither pyæmia nor erysipelas.—*New York Medical Record.*

**PUNCTURING THE INTESTINE IN STRANGULATED HERNIA.**—In February of this year Mr. Bryant delivered a lecture at Guy's Hospital upon this subject, and detailed two cases. Since that time three cases occurred up to August, 1872, but since then many other aspiration cases are on record. In the *Lancet* for July, 1873, Dr. Leon Labbe publishes a case of strangulated inguinal hernia by aspiration, and in the recent works of Dieulafoy there are recorded twenty-seven cases, twenty of which were cured by aspiration, four required celotomy after aspiration, and three terminated fatally.

**GLAUCOMA.**—Prof. L. Rydel, of Krakow, treats on the cause of sudden blindness

in glaucoma. He mentions a case under his own observation, where, in spite of timely executed iridectomy and the return of normal tension, vision did not return. Graefe already remarks, that the increase of pressure is insufficient to explain the inhibition of the conducting power of nerves, and that we also must consider the obstacles in the arterial circulation (i. e. the ischemia) in our etiology.

This retinal paralysis from ischæmia plays its part not only in acute glaucoma, but also in the chronic and in the non-inflammatory ones. Cases are known where there was unusually deep excavation of the optic nerve from pressure, and still vision was preserved and the field of vision not restricted. Such cases contradict the usual opinion, that the nerves lose their want of sensitiveness from increasing pressure. We cannot thus explain the beginning of restriction of the field of vision in chronic glaucoma, as the intra-ocular pressure must act everywhere alike. We rather consider, that the chief roots of the central artery go upwards and downwards, and only then in wide arcs bend outwardly to supply the temporal part of the retina with fine branches. According to the laws of hydrodynamics and of friction, the quantity of blood is in opposite proportions to the length of the blood-vessel, and sixteen times more fluid flows in the same time in one tube than in another tube of half its size, and thus the supply of blood to the external half of the retina may be easily obstructed. The subjective sensations of light felt by glaucomatous patients, a long time after they become blind, are most easily explained by the vacillating relations of the circulation. The vacillations of the intra-ocular pressure are frequently typical in glaucoma, so that for a long time at the same hours the sensation of light and then again the sensation of darkness prevails. The retinal arteries are at that stage often atrophic: the patient has the sensation of darkness, when the pressure increases and renders the blood-vessels totally empty; but after removal of the pressure, blood flows in again and stimulates the nervous elements, which will be perceived as light.

Lepout (Presse Med. 46, 1872) considers glaucoma to arise from dropsy of the serous membrane, which divides the choroid from the sclerotic.

—Schmiel's Jahrbücher, 4, 1873.

## ESMARCH'S ARTIFICIAL ISCHÆMIA IN OPERATIONS.

Diefenbach remarks: that it is the "demoniac" blood which horrifies many a young physician, and holds him back from undertaking capital operations, especially if he has to work without skillful and sufficient assistance. And still we can only consider that surgeon a good operator who understands how to take up coolly the battle with hemorrhage. We all know of what importance hemorrhage is in operations, and many a time a limit is set to our operations by the great loss of blood which we might expect. Many an operation, for the execution of which there would be no contra-indication, has to be left undone, by the knowledge that before we could finish it the patient would die from the loss of blood, or because we consider him already too weak and too exhausted to recover from the necessary loss of blood.

We performed yesterday the extirpation of a large and medullary cancer, covering the whole right side of the neck, and necessarily a large quantity of blood was lost during the operation, and that the patient was exsanguinated we could see from the paleness of her skin, the filiform pulse and the labored respiration.

To-day we make an operation where the loss of blood would be still more considerable, if we could not apply our method to suppress perfectly all hemorrhage. The patient before us suffers from total necrosis of both tibiae, the consequence of acute osteomyelitis, which appeared twenty years ago after a severe cold. Numerous fistulous openings are all over the anterior surface of both legs, discharging large quantities of pus, and the probe touches everywhere rough and moveable bone. By touching the legs, we feel that the bones are enormously thickened, and as the disease lasted so many years we may be sure that the thickened bone, the coffin which includes the sequestrum, will be of considerable hardness. The situation of the fistula renders it certain that large portions of both diaphyses are dead, and the different depths into which the probes can be carried, make us conclude that necrosis happened in different places at different depths. To remove the sequestrum we must, therefore, open the surrounding thickened bony coffin in its whole extent, and in order to secure a perfect healing of such a large wound, I intend to remove the whole anterior surface, so that no small holes remain which might retard the cure. Our patient is still of good constitution and not yet anæmic; still, in former years I would have feared to perform both operations at once on account of endangering life by excessive hemorrhage. Now I allow my assistant to operate on one leg while I do the same work on the other. After the patient is fully under the influence of chloroform we envelop the legs in water-proof varnished silk paper, in order that the pus from the fistula should not soil the bandages; we then firmly bandage with the elastic bandages, made from woven india-rubber, both legs from the toes up and above the knees, and remove by such uniform compression the blood from the blood-vessels of the extremity. Immediately above the knee, where the bandaging ceases, we now put a thin india-rubber tube under strong extension four or five times around the thigh, and connect the one end by a hook to the other end by the metal chain attached to the latter. The india-rubber tube compresses thus perfectly all soft parts with the arteries, so that not a drop of blood can reach the strangulated vessels. This method is superior to the tourniquet because we can apply it to any part of the extremity without taking any notice of the position of the chief artery. We are even able in very muscular and fat persons, to suppress in this simple manner the circulation perfectly.

We now remove the india-rubber bandage which was first put on, and the varnished paper below it, and you see that both legs below the compressed tube look exactly like the legs of a corpse, and in their pale color they make a ghastly contrast to the rosy hue of the other surface of the body. You will also witness that we operate perfectly as on a cadaver. (We leave out the description of this most successfully performed operation.)

The operation is done. We wash out the cavities of the wound with carbolized water, in order to destroy any putrid organisms which might be present; then put into it some pieces of gauze soaked in a solution of chloride of iron, so that they line the walls, and fill up both large cavities to the level with German tinder. By bandaging them with a gauze bandage steeped in carbolized oil, each tampon is firmly pressed down, the whole then covered with a layer of varnished paper, which surrounds the whole leg in an air-tight manner; then the usual roller is applied. Now only we slowly remove the constricting india-rubber tube. You see how the pale skin of the extremity becomes at first spotted, then everywhere uniformly red, and it soon shows a deeper red than other parts of the body. Let us observe the dressing of the wound under the transparent paper, and you see nowhere blood penetrating through the gauze bandage. Our patient has in fact not lost more than a teaspoonful of blood. Look also at his quiet and sweet sleep; he still has the same red

cheeks as before the operation, his pulse is full and strong, and we can expect a more speedy convalescence, than if we had operated in the usual manner.\*

Comparing now to-day's operation with that of yesterday, the benefit of such a procedure must be acknowledged, especially as it takes away the necessity of assistance, a great drawback to the country physician.

Our process can be applied in nearly all operations on the extremities with more or less perfect success. In extirpations of tumors, ligatures of large blood-vessels, in scooping out scrofulous ulcers and carious bones, in resections of small bones and joints, we never relax the constricting tubes till the dressing is entirely finished. But this method gives us another benefit. In dubious cases, where we remain uncertain of what is sound and what is diseased tissue, or in other words, is amputation necessary or does conservative surgery suffice? it enables us to examine more thoroughly the diseased parts than was formerly the case.

I would also remark, that amputations and large articular resections cannot be performed without some loss of blood, because we must guard against secondary hemorrhage before we put on our dressing.

In amputations we must loosen the constrictor as soon as all arteries are ligated which we can see with the eye. The blood then rushes forcibly into the blood-vessels, and springs forth as from a sponge over the whole surface of the wound; but we soon distinguish solitary spurting arteries, and after we have taken care of them we need not fear any secondary hemorrhage, as especially the dilatation of the blood-vessels caused by the loosening of the tube renders even the smallest arteries visible, and only through carelessness a somewhat larger arteriole could be overlooked. The loss of blood is in no case large, and the result of our amputations has been extremely favorable since employing our new method.

Just as on the extremities, so we may also suppress all circulation by the india-rubber tube in diseases of the male sexual organs. Whether we wish to extirpate a testicle or amputate a penis, we put a thin india-rubber tube from behind around the root of the scrotum and penis, cross the ends in front of the mons veneris, and twist them together behind or above the os sacrum. I have castrated several times in such a manner, without losing any more blood than was present in these organs at the beginning of the operation: and should we wish to save that, we must carefully envelop the parts beforehand with narrow india-rubber bandages, which ought to be at any rate done on large tumors of the testicles. For small operations on the prepuce or glans, it will suffice to put once around the root of the penis a very thin india-rubber tube, like one used in the drainage of wounds and abscesses.

It has always been the aim of all surgeons to restrain as much as possible the loss of blood. Ancient surgeons amputated with red hot instruments, or applied molten pitch to the stump. Ambrose Paré was the first to apply the ligature, and compress the circulation above the place of amputation. Many attempts at improvement then followed, but all these methods and all these apparatus are deficient, and during the years of my studies I never saw an amputation performed with the aid of the tourniquet. My teachers preferred to have the chief artery compressed with the fingers, considering it as safe as any tourniquet, and especially as it gave the students and assistants an opportunity to learn how to control hemorrhage. The tourniquet was out of fashion, but the patients lost a good deal of blood, especially when the operation lasted a long while.

\* The dressing was removed on the fourth day, and the tremendous cavities of the wound showed already a beginning of granulating. At first oil was used for dressing and then an Unguentum Zinc. Sulph. Under this simple treatment the patient could be discharged according to his own desire on the 21st day.

Surgeons aimed, therefore, to perform amputations in a very short space of time, and the elder Langenbeck was known as one of the swiftest operators, though his nephew, Bernard Langenbeck, became equally renowned by his quick mode of amputating. Another reason for this hastiness was also to give as little pain as possible to the patient; but since anaesthesia came into vogue, there is not so much stress laid upon rapidity of operating.

"To save blood" is the characteristic of a good and conscientious surgeon, and I received my first hint in that direction from an amputation of the thigh: in examining the leg after the operation I was horrified at the large quantity of blood which additionally had escaped from the blood-vessels of the stump, and I made up my mind that in future blood should be saved. I also remembered an operation where I assisted Stromeyer. It was a ligation of the brachial on account of an aneurism, where the surgeon, in order to restrain the stasis of blood in the capillaries, firmly bandaged the forearm up to the aneurism before he applied the tourniquet. We discussed at that time the fact that the blood pressed back from the capillaries into the arteries showed the dark color of venous blood, and were astonished how easily the ligature was applied after all the blood in the arm had run out of the incision. Since then, I applied this idea to all amputations and exarticulations, and had good cause to be satisfied with the result; but the process was still imperfect, and I always applied my bandages only to the diseased parts, or at most to the place of amputation, and thus closed the leading artery only by digital compression. India-rubber then came in vogue, and its frequent application in surgery rendered it easy to apply its elasticity also for our use. A band, as commonly used for purposes of counter-extension, served at first as a tourniquet, and then one improvement followed the other.

So far our territory is still a limited one. We are yet only master of the circulation in the extremities and on the external male genital organs. But perhaps it might still be made of use in operations on the trunk, the neck or head, by constricting the extremities, and using them thus as reservoirs whence the blood might be carried again successively into the general circulation when there should be danger of exsanguination. But this is only an idea, and careful experiments on man and animals must decide its value.

The classical experiments of Cohnheim prove that in warm-blooded animals the total interruption of the circulation of the blood causes no lasting disturbance, if it does not last over six or eight hours. I have used this procedure in more than eighty operations, and I never yet witnessed any evil result. I performed operations lasting over an hour, and could not see any disturbances in the circulation during the healing process; rather the contrary, for the cure was more speedy, and accidental traumatic affections the exception. Let me mention, in conclusion, one precautionary rule: if you operate on ichorous infiltrated parts, it would be wrong to render them empty of their blood. By bandaging such soft parts, we run the danger of pushing the infectious masses into the meshes of the cellular tissue and into the lymphatics, to the great injury of the patient. In all such cases I forego the bandage, but raise up the extremity for some moments, in order to push the blood upwards as much as possible before the constrictor is applied. — (*Volkmann's Kl. Vorträge*, 58.) Translated by Dr. LILIENTHAL.

### BILLROTH ON ESMARCH'S METHOD OF PREVENTING HEMORRHAGE DURING OPERATIONS.

Professor Billroth thus expresses his opinion on Esmarch's method of bloodless operations. He says that Esmarch belongs to those German Surgeons,

of whose communications it may be observed that the facts therein stated are carefully and accurately recorded: and that, although he did not entertain any doubt as to the truth of Esmarch's observations, he was unable before he had himself applied the method, fully to realize the complete nature of the local anemia which might be thus produced. Altogether, he had tried it in fourteen cases: two extensive operations on necrosis of the tibia: three resections and extirpation of bones in the foot; two resections of the elbow-joint: two Chopart's amputations: four amputations of the thigh; and one disarticulation of the hip-joint. In twelve of these cases, the result obtained by Esmarch's apparatus was complete and successful. In two cases it was incomplete, for the following reasons: In one instance, a large cicatrix on the back of the knee, following a burn, had bent the knee to a right angle with the leg, and hindered the india-rubber band from exercising efficient circular compression; the smaller vessels were closed, but the main artery required to be compressed in the groin; some blood also flowed from the distal vessels. The imperfection might have been remedied by placing a pad in the popliteal space, or perhaps applying the compression a little higher up the limb. The second case where the compression was incomplete was one of disarticulation of the femur under somewhat peculiar circumstances. A man, aged forty-five, worn out by excess in drink, had had an amputation of the thigh performed on account of disease in the knee-joint. The patient survived the operation, but the stump did badly, and six months later two inches of bone were excised. The wound still did badly. Billroth determined to split the other side of the stump, separate the periosteum from the bone, and remove the remaining portion of the femur. The operation was easily accomplished, the india-rubber rope was passed round the perineum, and over the anterior superior spine of the ilium, thence over the gluteal muscles. The aorta was compressed. Though the bleeding was much lessened, it was not prevented. Of the fourteen cases, eleven were completely cured or approaching a cure at the time when the author wrote. Three patients died: the case of disarticulation of the femur, and two of amputation of the thigh.

Billroth attempted to perform one of these operations without chloroform, supposing that local anæsthesia, as well as local anemia, might be produced by the constriction, but there was no diminution of the amount of pain produced, at all events immediately; but it is suggested that further experiments in that direction should be made. In cases where amputation is performed for gangrene, or where septic abscesses exist, it may be dangerous to apply the elastic bandage, lest some of the poisonous material be forced into the circulation. Under these circumstances, it would be better to apply the circular compression only.

Dr. William McCormac, in the *London Medical Record*, says: "The plan has been now tried in St. Thomas's Hospital, in cases of amputation, excision of the knee, operations for necrosis, &c., with unvarying success, not a drop of blood appearing in the wound during the entire period of the operation."—(LILLIENTHAL.)

## INHERITANCE OF DEFORMITIES.

The heredity of anomalies of organization has been demonstrated in several instances. One of the most singular of these is the case of Edward Lambert, whose whole body, except the face, the palms of the hands, and the soles of the feet, was covered with a sort of shell consisting of horny excrescences. He was the father of six children, all of whom presented the same anomaly at the age of six weeks. The



only one of them who lived transmitted the peculiarity to all his sons; and this transmission, passing from male to male, persisted through five generations.

Mention is also made of the Colburn family, where the parents for four generations transmitted to the children what is called sexidigitism, i. e., hands and feet with six digits each. Albinism, halting, hare-lip, and other anomalies are in like manner reproduced in the progeny.—From "*Heredity*," in *Popular Science Monthly* for November.

The following resolutions were adopted at a late meeting of the Rensselaer County Homœopathic Society, regarding the publication of the transactions of the State Medical Society:

WHEREAS, The publication of the transactions of the State Homœopathic Medical Society for several years past has contributed to the elevation of the standard of medical education and advancement of medical science, and the efficiency, harmony and thorough organization of the medical profession, and thereby directly promoted the welfare of the people; and

WHEREAS, At the last session of the Legislature, on alleged economical grounds, as we believe unwisely, the publication of said report for the current year was suspended; and

WHEREAS, In our opinion the interests of the members of the medical profession and of the people of this State will be promoted by the continued publication of the usual number of copies of said reports; therefore,

Resolved, That we respectfully request the members of the Legislature from this county to exert their influence in favor of the publication of the transactions of the State Homœopathic Medical Society.

## THE LAWS OF TRANSMISSION OF RESEMBLANCE FROM PARENTS TO THEIR CHILDREN.

In a brochure on this subject, published by Wood & Co., and which has also appeared in parts in the *Medical Record*, the author, John Stockton-Hough, M. D., presents the results of his investigations in a manner both pleasing and instructive to any one interested in the physiological and psychological development of the human organism. He arrives at the following conclusions:

1. In general, children of both sexes resemble their mother more than their father in physiognomy, habits, constitution and temperament.

2. Usually, boys resemble their mother more than their father in physiognomy, habits, constitution and temperament.

In the same relationship, girls resemble their father more than their mother.

These laws are of course subject to some variations from differences in nutrition of the embryo, as well as in the condition of the mother during the period of gestation.

3. In general, hereditary and acquired diseases and defects are more likely to be transmitted to offspring of the sex in which they originated, and thereafter to be subject to the principle of sexual limitation, either directly from parent to child, or by interrupted or ataxic descent, from grandparent to grandchild.



It is undoubtedly true that men inherit the genius, talent and intellectual excellence and morality of their mother, or their mother's father, while daughters inherit the same qualities from their father or paternal grandmother.

4. Females more frequently *transmit* hereditary diseases and defects than males, though they less frequently *exhibit* them. Inversely, males less frequently *transmit* and more frequently *exhibit* inherited diseases and defects.

The author explains the last proposition by the theory that *males* are begotten from *mature* ovules, and *females* from *immature* ovules; hence, the ovule from which the male is derived is under the *sole* influence of the mother longer than is the ovule from which the female originates, and by consequence acquires more of her physical constitution and peculiarities; and the ovule, being *mature*, may be fecundated by a weaker principle from the father than is required to vivify the *immature* ovule from which the female is derived. In this latter case, the ovule is for a shorter time under the *sole* influence of the mother, being impregnated earlier in its course of development, and consequently requiring the highest power of the male element for its fecundation. The reason that females do not exhibit hereditary disease as frequently as males is because of a *higher degree of vitality* in them, which gives greater power to restrain the predisposition, and also by reason of an *inferior degree of developmental evolution*, by which they retain as *germs* in their constitution what in males become fully developed diseases and defects.

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## Personals.

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PROF. McDONALD, Sturtevant House, 22 West 29th St., N. Y., having had large experience in conducting urinary analyses, offers his services to the profession in this specialty. The examination is made in reference to the following points, viz: Specific Gravity, Reaction, presence of Albumen or Sugar, and the character and substance of the deposit, as crystals, casts and pus.

DR. SAMUEL A. JONES, having located at 230 West 25th St., proffers his services to the profession in consultations, Urinary, Microscopical and Sphygmographic examinations. From 10 to 12 A. M. he will examine patients sent to his office, and furnish the attending physician with a written report.

R. LUDLAM, M. D., in October last removed a thirty-pound ovarian cyst by enucleation, without using torsion, ligature, or securing the pedicle. When last heard from, the patient was doing well.

T. S. VERDI.—We have received from Dr. T. S. VERDI a "Report on the Sanitary Condition of the European Cities." We would have our readers understand that this same Dr. VERDI, who was considered unworthy of admission as member of the "Public Health Association," which held its last meeting in this city in November, *was considered eligible to an appointment by the Governor of the District of Columbia to a position of the highest sanitary importance.* In pursuance of the duties arising from his appointment, Dr. VERDI has visited London, Liverpool, Manchester and Rochdale, in England; Paris, Versailles, Lyons and Marseilles, in France; Turin, Milan, Mantua and Verona, in Italy; Brussels, in Belgium, and other places; and the results of his investigations will be found eminently worthy of careful perusal, the more so considering the high source from which they come.